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ABSTRACT

Descriptions are given of mission-oriented or programmatic activities for or of concern to women, ongoing or initiated by the Department of Health, Education and Welfare during International Women's Year. Extensive comments are made about background and progress of programs, research, workshops, and other activities in the following eight categories: aging, child welfare and development, education, health, rehabilitation, women and social security, legislative advances, and departmental programs for women. Some of the 135 activities include funding of volunteer programs of services for the elderly, provision of health services and other aids to mothers and families with dependent children, development of curriculum materials to reduce sex bias in schools, health research on breast and gynecological cancer, awarding of traineeships to women wanting to work in rehabilitation fields, surveys on economic status of older women, and implementation of Title XX of the Social Security Act. Additional projects are listed in special areas such as film/media programs, publications, and special concerns to minority women. (AV)

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FINAL REPORT
OF
ACTIVITIES FOR INTERNATIONAL WOMEN'S YEAR
IN THE
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SO 009568

Federal Women's Program
December 1975

ORGANIZATION OF REPORT AND TABLE OF CONTENTS

This report consists of written descriptions of DHEW mission-oriented/programmatic activities for or of concern to women, in eight generic categories. The written sections are followed by a summary list of all activities, both mission-oriented and internal (primarily oriented to HEW women employees), ongoing or initiated during International Women's Year (IWY).

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INTRODUCTION

In 1972, the United Nations General Assembly proclaimed 1975 as International Women's Year (IWY) with a threefold purpose: to promote equality between women and men throughout the world; to ensure the full participation of women in economic, social, and cultural development at the national, regional, and international level; and to recognize the importance of women's ever increasing contributions to the promotion of friendly relations and cooperation among nations and to world peace.

In 1974 and 1975, the Secretary of the Department of Health, Education, and Welfare (HEW) directed the heads of the Principal Operating Components and the Regional Directors to submit reports on Departmental programs that have specific impact on women as well as the special programs planned for IWY, and activities and programs related to the status of women employees in the Department.

This report has been prepared by the Department's Federal Women's Program from the responses received through November 1975 and confines itself to the activities initiated for IWY and the current HEW programs that impact most on women.

In addition to the activities undertaken by HEW agencies, there are three Department-wide offices concerned with women: the Federal Women's Program; the Women's Action Program; and the Secretary's Advisory Committee on the Rights and Responsibilities of Women.

The Federal Women's Program, established by the Civil Service Commission to improve and assure equal employment opportunity for women in the Federal service, monitors the Department's internal programs and policies as they impact on women. The Women's Action Program, established by the Secretary in 1971, monitors the impact of the Department's mission-related programs and their impact on women in society. The Secretary's Advisory Committee on the Rights and Responibilities of Women, established by the Secretary in 1972 with specialists from the private sector, reviews for the Secretary the Department's internal and external programs and policies in terms of their impact on women.

LIST OF ABBREVIATIONS USED IN SUMMARY LIST OF IWY REPORT

- ADAMHA..Alcohol, Drug Abuse, and Mental Health Administration
  - NIAAA..National Institute on Alcohol Abuse and Alcoholism
  - NIDA..National Institute on Drug Abuse
  - NIMH..National Institute of Mental Health

- ASE.....Assistant Secretary for Education

- ASH.....Assistant Secretary for Health

- ASPE....Assistant Secretary for Planning and Evaluation

- CDC.....Center for Disease Control

- ED..... Education Division
  - FIPSE..Fund for Improvement and Innovation in Post-Secondary Education
  - NCES...National Center for Educational Statistics
  - NIE....National Institute of Education
  - OE.....Office of Education
    - WPS..Women's Program Staff of OE

- FDA.....Food and Drug Administration

- FWP.....Federal Women's Program

- HEW.....Department of Health, Education, and Welfare. In addition to Headquarters, there are 10 Regional Offices to cover the United States and Trust Territories.

- HRA.....Health Resources Administration

- HSA.....Health Services Administration

- IWY.....International Women's Year

- NIH.....National Institute of Health (11 Institutes & other Centers)
  - NIA..National Institute on Aging
  - NICHD..National Institute on Child Health and Human Development

- OCN.....Office of the PHS Chief Nurse

- OCR.....Office for Civil Rights

- OHD.....Office for Human Development
  - AOA..Administration on Aging
  - FCA..Federal Council on the Aging
  - OCD..Office of Child Development
  - OHI..Office for Handicapped Individuals
  - ONAP..Office of Native American Programs
  - RSA..Rehabilitation Services Administration

ABBREVIATIONS CON'T

OLTCES..Offices of Long Term Care Enforcement Standards (In HEW Regions)

ONHA....Office of Nursing Home Affairs

OS......Office of the Secretary, HEW

PHS.....Public Health Service

SACRRW..Secretary's Advisory Committee on the Rights & Responsibilities of Women

SRS.....Social and Rehabilitation Service

SSA.....Social Security Administration

WAP.....Women's Action Program

AGING

Of the approximately 21.8 million older persons (65 and above) in the country today, there are 12.8 million women as compared to 9 million men. The higher proportion of older women increases dramtically with increasing age, so that for persons age 75 and above the ratio of women to men is 166 to 100; and among the 85+ cohort, there are 200 women per 100 men. The number of elderly women is projected to reach 18.6 million by the year 20[illegible] an increase of 44% over 1974.

Because of the longer life span for women and the tendency for women to marry men older than themselves, over 50% of older women are widows. Only 38% of older women are married and living with their husbands, and 10% are either divorced, separated, or never married. Of the 7.6 million older women who are widows or not married, well over half are living alone. Of the 1 million elderly persons in nursing homes, nearly 3/4 are women. (Nursing Homes are discussed in the Health section of this report).

In 1973, the median income of married couples in which one or both parties was 65 was $6,035. The median income for elderly women who lived alone was only $2,655.

The number of elderly women below the poverty level in 1973 and 1974 was 2.3 million (18% of the noninstitutionalized elderly women). The percent below the poverty level was over 2-1/2 times as high for elderly black women as for white women. Overall, the aged poor form a slowly increasing proportion of the population.

In terms of health, older persons tend to have more and longer hospital stays, more doctors' visits, more days of disability, and higher costs of medical prescriptions than younger persons. About 86% have one or more chronic medical conditions requiring a doctor's care and attention. However, only 20% of elderly persons have interference with their mobility and only 5% are homebound.

The factors affecting the elderly, and particularly elderly women, of lower or reduced income, the death or loss of spouses and friends, and chronic illnesses or disabilities all lead to an increased need for services combined with the lesser ability to obtain or pay for such services; to social isolation; and ultimately may lead to institutionalization. In some cases, institutionalization may be the only way an older woman can receive medical attention as well as housing and meals.

The major needs of the elderly today are for adequate income; adequate and reasonably priced housing; food and nutrition; medical attention; transportation; and social services, particularly those oriented to preventing institutionalization.

In terms of income replacement, Social Security (administered by HEW) provides payments to retired workers or widows and dependents of retired workers covered by the social security system. Social Security payments average $3,540 per couple per year. (Social Security is further discussed in a separate section of this report). The Supplemental Security Income Program (SSI), which replaced old age assistance and aid to the blind and disabled in 1974, provides a uniform base across the country of $146 a month per individual and $219 a month per couple. States may choose to supplement SSI payments and most States whose assistance payments were higher than SSI payments have chosen to supplement the difference. SSI can supplement the difference between Social Security and the maximum permitted under SSI. One objective of SSI was to enable States to concentrate on social and rehabilitation services rather than on cash assistance. Over 68% of persons receiving SSI payments are women. The Medicare and Medicaid Programs administered by DHEW can provide for certain medical costs. However, these programs fall short by $5 to $7 billion in meeting annual costs of medical care for the aged.

The Administration on Aging (AOA) of HEW is responsible for implementing the Older Americans Act of 1965, as amended. Under Title III of the Act, formula grants are given to each State, in terms of proportion of elderly in each State to the total number of elderly in the country, to maintain and develop State and Area Agencies on aging. These agencies in turn plan, coordinate, and advocate for services and service provision to the elderly within the State. Close to 100 million dollars per year is expended in Federal monies on Title III.

Title VII of the Act provides formula grants to the States for nutrition programs. These programs provide at least one nutritious meal per day for needy older persons at congregate sites. In addition to providing meals, these programs enable isolated older persons to interact with others in a social group setting. As part of this program, transportation is provided to the centers; and meals-on-wheels (home provided meals) are delivered to older persons unable to leave their homes. Over $125 million in Federal monies is provided yearly for Title VII.

The major target groups of the AOA programs are low income and minority elderly, and the physically, mentally impaired, and/or socially or geographically isolated persons, particularly those in rural areas who do not have easy access to services.

The AOA also conducts a $20 million a year research, demonstration, and training program. Research concentrates on needs assessments of elderly persons, particularly of the low income and minority elderly; financial and other resources available to the elderly; the processes that lead to resource expenditure by and for the elderly; and ways to reduce social isolation. There is growing emphasis on the needs and resources of pre-elderly cohorts in order to plan legislation and programs for the future. Research on biological processes and health of the aging is conducted by the newly formed National Institute on Aging, which is discussed under the Health Research section of this report.

The demonstration program of AOA focuses on innovative methods of providing programs and services in housing, pre-retirement education, continuing education and services for the physically and mentally impaired elderly. Training focuses on long-term efforts to encourage persons to enter and be trained in the field of gerontology and on short-term training and technical assistance to State and Area agency personnel.

One notable AOA demonstration project funded this year is the multi-million dollar West Virginia TRIP project, jointly funded by HEW, OEO, and the Department of Transportation. Under TRIP, older persons can buy books of tickets for bus service at much reduced rates, depending on their income. Capital expenses for vehicles will be provided by DOT programs. Revenues from the project will be put into providing feeder lines into remote rural areas, in which older persons have great difficulty obtaining transportation.

Over $1 million was earmarked by AOA in 1975 to establish demonstrations in legal services and technical assistance to State agencies on the provision of legal services to the elderly. An important project under this program being conducted by the National Council for Senior Citizens, involves the development of State legislation to mandate the provision of needed services for the elderly into State law. Deficiencies in existing State laws in service provision for the elderly are concurrently being assessed.

Another major AOA demonstration effort, being conducted by the National Council on the Aging, involves the coordination of and advocacy for volunteer efforts and services on behalf of the elderly through the National Steering Committee of Voluntary Organizations. The AOA Nursing Home Ombudsman Program/demonstrations on alternatives to institutionalization are discussed under the section on Nursing Homes.

As of June 1975, all States were required to provide information and referral services to all older persons. The more advanced of these systems include not only a resource file of available services, but also outreach to persons needing services, transportation to needed services, and follow-up to determine if the needed service was obtained.

On September 29, 1975, the AOA convened a conference on older women. Staff of the National Commission on the Observance of International Women's Year have proposed that the AOA Commissioner make a presentation to the IWY National Commission on the special needs and concerns of older women.

REPORT OF HEARING ON NATIONAL POLICY CONCERNS FOR OLDER WOMEN

The Federal Council on the Aging (FCA) marked IWY with a hearing on September 28, 1975 in Washington, D. C., on National Policy Concerns for Older Women.

Testimony given at the hearing included comments on the World Plan of Action which was unanimously adopted at the United Nations Conference in June 1975 at Mexico City, Mexico. The World Plan maps guidelines directed at national governments, regional and international bodies to accelerate women's full participation in economic, social, political, and cultural life. The World Plan contains very little specific mention of older women.

The Council was urged in testimony to recognize the direct relationship between the plight of many older women and their treatment as homemakers, and to join in efforts to bring about the legal, institutional, social and psychological changes necessary to remedy the economic situation of women who have spent much of their lives as homemakers.

Over three hundred people attended the hearing to listen to the findings and recommendations from national conference leaders, important aging national organization representatives and women's movement leaders that related to national policy concerns for older women. The FCA is currently analyzing the material presented and preparing recommendations to be forwarded to the President in the Council's Annual Report. A publication on the hearing will be produced by FCA from edited portions of the testimony, early in 1976.

CHILD WELFARE AND DEVELOPMENT

Child welfare is vitally important to women for two major reasons. The first is that women have primary responsibility for child care and the raising of children. The second is that the conditioning and learning of sex role stereotypes in early childhood profoundly influences a woman's future in terms of her levels of aspiration and life goals and styles. The major emphasis by the Department has been on aspects of child development as they impact and are impacted by a woman's role as a mother. However, there is a growing interest, particularly within the National Institute of Child Health and Human Development, the National Institute of Mental Health, and the Education Division, in the effects of early childhood sex-role conditioning on the lives of women. Programs in this area are discussed in the Education section of this report.

Since children are especially vulnerable to deprivation of services and support, a number of HEW agencies provide programs to assist in securing optimum child development, family maintenance and support, and the protection of children from physical or psychological harm or illness. These agencies include the Office of Child Development, the Social and Rehabilitation Service, and the Public Health Service. These programs are discussed in the following sections.

Research on Maternal and Child Health

The National Institute of Neurological Disease and Stroke has collected 10 years of data from its Collaborative Perinatal Project, which data are now undergoing analysis. This study involves extensive longitudinal measures of pregnant women with periodic tests of their children through age eight to determine the probable causes of abnormal development. Fourteen institutions cooperated in studying a total of more than 55,000 women and their children. Some important correlations have already been established, such as those between maternal weight gain, birth weight, and prematurity, and between prematurity and mental retardation. As a result, some current obstetrical practices are being reviewed and new ones introduced which are sure to decrease the proportion of defective children born into the population each year.

The National Institute of Allergy and Infectious Disease is currently studying the viral cause of infant gastroenteritis, and is developing vaccines for streptococcal infection and influenza; and vaccines to suppress viral development or accelerate natural response and repair. Over $4 million was spent in Fiscal Year 75 on the causes and modes of trasmission of influenza, the common cold, and respiratory conditions primarily affecting small infants to attempt to develop vaccines and improve treatment.

The National Institute of Child Health and Human Development (NICHD) is currently studying the processes of labor and delivery; and the genetic, pharmacologic, toxic, and infectious processes which can affect the mother as well as the fetus. One of the priority areas focuses on the psychodynamics of pregnancy, including maternal and paternal attitudes and behavior during pregnancy and throughout the first month of the infant's life, and the impact of maternal stress, fears, and conflicts on the physiology of pregnancy.

The Assistant Secretary for Planning and Evaluation (ASPE) has prepared a recent report on the "Occupational Health Problems of Pregnant Women," which evaluates the problem and makes recommendations for changes for increasing attention to the health and safety of the pregnant working woman and her child.

Research on Child Development

A recent NICHD study has replicated earlier findings on attachment formation in infants. These studies show that infants form attachments to a specific person(s) during the second six months of life. Furthermore, such attachments are dependent on the quality and not the quantity of interaction between the mother (or parent) and the infant. What appears to be important is not the total amount of time spent with the infant, but is that the mother interact and respond to the infants' responses to her. In terms of implications for working mothers of young infants, it is not necessary for women to stay home with their infants full time to ensure normal infant attachment formation.

The Office of Child Development (OCD) is currently funding over 45 studies on child development and the family. Included are studies on alternative approaches to child rearing; mother-infant interactions and effects on attachment formation; family and parental education in child rearing for minority and disadvantaged parents and adolescents; consequences of divorce for children; the influence of physical and social environment on the cognitive development of minority children; the relationship of socio-economic status, race, and participation in differing types of pre-school training on self esteem; and racial identification and its effects on children's attitudes toward themselves in pre-school and later life.

Health Services for Mothers and Children

Nutrition

In cooperation with the Department of Agriculture, the Health Services Administration (HSA) is involved in the coordination and promotion of food supplements to children, as well as to pregnant and lactating women through the WIC (Women, Infants and Children) Program.

There are now about 300 projects approved to receive supplemental foods. Of these, a substantial number are maternal and infant care, or children and youth projects, funded by HSA's Bureau of Community Health Services. To augment implementation of these efforts, a number of nutritionists in State and local health programs have developed nutrition education guides for the use of supplemental foods.

Maternal and Child Health

HSA is supporting several hundred health programs, many of which focus on a wide range of maternity services. Among these are pregnancy counseling, adoption, nutrition, family planning, and prenatal, postpartum, and delivery services, each directed not only toward better health care, but also toward increasing and solidifying family ties.

In addition to funding such projects, HSA has developed regulations and guidelines, and has set standards to enable decentralized monitoring through regions and States.

Each State now has at least one maternal care and one intensive infant care project which serves the needs of both high risk expectant women and high risk infants.

An assessment of these projects indicates substantial increases in those women seeking prenatal and postpartum care, and substantial decreases in infant and maternal mortality as well as in premature births.

Other pertinent projects focus on the special needs of adolescent parents, especially young women, and total family dental education and treatment.

Migrant Health

As in the case of many HSA-funded programs, those concerned with migrant workers reach primarily women and children. Through regional offices, HSA is now funding over 100 migrant health projects, with grantees ranging from religious orders to local health departments.

Noteworthy among these projects are those which use nurse midwives to offer prenatal care and to manage the labor and delivery process; the use of nurse practitioners in migrant labor camps; increased training of female health care specialists to provide family planning services to migrant women; and special efforts by public health nurses working with obese migrant women through training in the optimum use of surplus food products.

Medicaid and the EPSDT Program

Medicaid, administered by the Social and Rehabilitation Service (SRS) of HEW, is a Federal-State matching program that provides medical assistance to eligible needy people of all ages. In fiscal year 74, about 27 million people benefitted from the program at a cost of some $10 billion in Federal, State, and local funds. Medicaid finances most of the health care for 13 million Medicaid eligible children. Most of this care is crisis oriented. However, an important Medicaid program for eligible children is the Early and Periodic Screening Diagnosis and Treatment Program (EPSDT). This program, in effect since 1972,aims at preventing health problems by finding and treating them before they become serious or chronic. Vision and hearing problems, along with dental care, receive special attention because of their effect on children's ability to learn. Through the end of 1974, some 2.2 million children were screened under this program.

Aid to Families with Dependent Children (AFDC)

The Social and Rehabilitation Service administers the AFDC Program, which supplies cash assistance to needy families with dependent children and usually only one parent. In 25 states, assistance is provided to families where the child's deprivation of support is the result of the father's unemployment. According to a 1973 study, 76% of the 3 million AFDC families were headed by women. In the same year, approximately $7.1 billion was spent on cash assistance (money payments to recipients) by Federal, State, and local agencies. These AFDC families are also eligible for Medicaid, Food Stamps, housing assistance, and other types of social services. Supplementary social services such as child care and home health are provided by Federal-State funding under the new Title XX of the Social Security Act, as discussed under the Legislative Advances section of this report.

Child care is also provided under the Work Incentive Program (WIN). WIN, co-sponsored by HEW and the Department of Labor, is designed to encourage and assist recipients of AFDC to achieve self-support through a program of training, work experience, employment/placement, child care, and other supportive services. Women on AFDC who are not exempt from registration for this program must register for WIN. Women are exempt if they are over 65, disabled, have a child under 6, or are needed in the home to care for another person. As part of the WIN program, HEW provides necessary supportive services, which are primarily child care services for children of WIN recipients. Child care may be provided in the recipient's own home, in family day care homes, and in day care centers. Other supportive services may also be provided to WIN registrants to enable them to accept work or training to become self-supporting. Under WIN, emphasis is being placed on closer coordination between service/child care agencies and employment/training agencies at all levels including the Department of Labor and the State employment agencies. Separate administration units were established in State social service agencies which certified 370,000 registrants in 1973 as having the necessary supportive services to enable them to begin jobs or training. During 1975, an estimated 75,300 child-years of child care and 100,300 man-years of services are being provided.

The HEW Assistant Secretary for Planning and Evaluation (ASPE) is currently funding a number of studies related to AFDC including: "Poverty Dependency and Family Structure" dealing with the economic consequences for women and children of the increase in the number of female-headed families; a study on the factors associated with leaving the AFDC program, particularly factors associated with employment or remarriage; and a study of the causes of growth in AFDC recipients. The ASPE has also devised an economic model to predict the effect of differing assumptions about future birth rates, family instability, female labor force participation on the costs and caseloads of the AFDC program over a ten-year period.

In addition to AFDC, other social work services are provided to families through HSA-funded programs and projects, with a considerable proportion going to women and children.

Present and continuing support includes social work services to pregnant teenagers, and initial funding of a consortium to coordinate health, social, and educational services to the same adolescent group. Additional social work support, particularly affecting women, has been through adolescent clinics and through the intensive infant care projects, oriented toward keeping mothers and premature infants in continual contact.

Child Abuse and Neglect

In June 1973, HEW Secretary Weinberger designated the Office of Child Development (OCD) as the lead agency in a new Department-wide effort to combat the problems of child abuse and neglect. In 1974, Congress passed the Child Abuse Prevention and Treatment Act, which created a National Center on Child Abuse and Neglect and authorized grants to States and public and private agencies for programs on child abuse to be administered by OCD. Estimates of child abuse range between 60,000 to 500,000 cases a year.

In addition to protective services funded by Title IV of the Social Security Act, over $15 million was available during FY 75 for projects and programs on child abuse. OCD funded 65 research and demonstration projects on child abuse during FY 75-76. The funds established centers to provide comprehensive services to abused children and their families and projects to promote more effective use of resources within communities to strengthen their capacity to cope with child abuse problems. Also funded were projects to collect data on the incidence of child abuse; self-help programs for abusing parents; and the development of model legislation in this area.

The Social and Rehabilitation Service (SRS) is funding studies to determine healthy and unhealthy factors in child-rearing; to identify high-risk factors; and has prepared a state-of-the-art report on child abuse. SRS is also formulating guidelines for state and local welfare departments to set up systems for protective services to abused children and to use the EPSDT program for early detection of child abuse cases.

The Office of Education is developing models for training teachers to identify and work with abused children.

NIMH and NICHD are conducting research into the causes of child abuse in terms of possible socio-economic and other factors as well as research on prevention and treatment.

Day Care

With the increasing numbers of women in the labor force, the need for improved and expanded day care for young children is also increasing. The Office of Child Development is responsible for developing and testing a variety of mechanisms and approaches for improving existing day care delivery systems for children. Current day care arrangements are in-home care, family day care homes, and day care centers. OCD is currently funding over 30 demonstrations in day care including day care for migrant children; bilingual day care programs; improved licensing of day care facilities and review of standards; and the psychological effects of day care on children.

Head Start

Project Head Start is a demonstration program authorized under the Economic Opportunity Act, to provide comprehensive developmental services to disadvantaged preschool children. Since its inception in 1965, Head Start has provided health, educational and social services to some 5.3 million children and their families in every U. S. State and Territory. Launched by the Office of Economic Opportunity, it is now administered by the Office of Child Development, Department of Health, Education, and Welfare. As an innovative program, it has had a significant impact upon the thinking of educators, psychologists and other specialists in the child development field.

In FY 1974, some 1,600 local Head Start grantees served 379,000 children in 9,400 centers, employed about 79,000 professionals and non-professionals, and enlisted the services of 103,000 volunteers, including many parents.

To achieve its goals, Head Start provides not only for the educational needs of the children, but also for their social, psychological, health and nutritional requirements. Recognizing the major role of the family in child development, Head Start has pioneered in the area of parent involvement -- giving low-income parents an opportunity to learn about the needs of their children and to help plan and implement local Head Start programs. In many cases, Head Start provides training and jobs for parents at the centers, helping them work their way out of poverty and, often, achieve professional status.

Pursuant to the 1972 Amendments to the Economic Opportunity Act, OCD launched an intensive effort in the Fall of 1973 to serve handicapped children in the Head Start Program. This ongoing effort is being coordinated with NIMH and the Bureau of Education for the Handicapped.

Another major development in Head Start is Home Start in which trained home visitors work with parents to assist them in the development of their own children. Currently, about 20% of Head Start grantees are now using this home based approach to deliver their Head Start services.

Child Welfare--Institutions, Foster Care, Adoption

The Office of Child Development is responsible for developing standards for children in residential care and guidelines for the movement of children out of institutions and back into communities; to improve the quality of services to children requiring foster care; and to improve standards for adoption. OCD is currently funding over 20 studies in these areas, including a follow-up on the adoption of Black children by White families; recruitment and education of foster parents; adoption of handicapped children; increasing the effectiveness of foster care; and informal adoptions among Black families.

International Projects and Programs

The Social and Rehabilitation Service is currently funding a number of international projects on child and family welfare. Projects in India, Yugoslavia, Egypt, and Poland, concern the impact of women's employment on the family; and the provision of various types of day care facilities and programs for working mothers.

A recent international development affecting large numbers of women and children is the 1975 Vietnam Refugee Act. Under the aegis of SRS, thousands of Vietnam refugees are being resettled; and income maintenance programs are being provided.

EDUCATION

It is generally recognized that equal opportunity in all aspects of life is highly dependent upon equality in education. Since women in America are living longer, marrying later, having fewer children, and more frequently assuming the role of head of the family, the need for women to be able to support themselves and their children is increasing. In addition, there has been a steady increase of married women in the labor market. It is, therefore, vitally important that equality in education and educational opportunities be available to all women to enable them to prepare for vocations and careers.

The discrimination that women face in education takes many forms. Some of it is overt and blatant involving inequalities in areas such as selection and admission to institutions of higher education, in the opportunity to take certain types of courses or programs (vocational education or athletics programs, for example); and in limited opportunities for adult women to continue or resume their education careers after a period of absence from school or the labor market for child-bearing and/or family care. A major initiative against this blatant discrimination is Title IX of the Education Amendments of 1972. Implemented in July of 1975, Title IX prohibits discrimination by sex in any educational institution receiving Federal monies. Other regulations, implemented by the HEW Office for Civil Rights, prohibit discrimination against women in any institution receiving Federal contracts.

Women, however, face subtler forms of discrimination as well, these sometimes being more detrimental than the blatant forms. This subtle discrimination is the result of early conditioning which occurs prior to and throughout women's attendance in school. This conditioning is a matter of sex-role stereotyping and causes young girls and women to limit their aspirations and goals to conventional "women's " roles, specifically, housewife, mother, teacher, nurse,or clerk/secretary. These roles are maintained by discouraging young girls and women from desiring to enter vocations or studies which have traditionally belonged to men and are inconsistent with established women's roles; and by discouraging women from pursuing higher education in any field except fields related to the accepted roles.

A wide variety of studies in the National Institute of Mental Health (NIMH) research bibliography indicates that the educational system tends to perpetuate a situation in which females' educational and occupational vistas begin to narrow to crippling range at an early age. Findings show among other things that women set lower educational goals for themselves than men despite equal intelligence; that children's books and textbooks show women in the traditional, passive roles of wives and mothers and not as active participants in decision-making and work; that fewer women than men go to college despite equal intelligence; and that married women college students encounter more limited mobility and limited job alternatives and face greater pressures to drop out; and that females learn to fear and dislike competition and not to express a competitive orientation at very early ages and throughout schooling.

To help combat subtle as well as blatant forms of discrimination such as these, the Women's Educational Equity Act of 1974 was passed. The Act is designed to provide for the funding of projects to contribute to capacity building in the area of educational equity for women; to promote educational equity through systemic and institutional change; to develop training modules related to educational equity; to support exemplary educational leadership programs; and to develop both models for institutional reform in career and vocational preparation and special programs to broaden career options for women.

Consistent with its major goals of insuring educational equity and promoting educational quality, the Education Division of HEW currently sponsors a wide variety of projects, programs, and studies to improve educational opportunities for women and to eliminate or reduce the blatant and subtle discrimination that exists against women in education. These activities are described in the following sections.

Office of the Assistant Secretary for Education (ASE)

Created by the Education Amendments of 1972, the Office of the Assistant Secretary for Education leads and coordinates the various components of the Education Division. Under its direct purview are the Fund for the Improvement of Postsecondary Education and the National Center for Education Statistics, both of which have important initiatives concerning educational equity for women.

The Fund for the Improvement of Postsecondary Education, now in its fourth year of operation, promotes change and innovation by giving postsecondary institutions the opportunity to develop educational improvements.

As part of its activities, the Fund is seeking to find and develop new methods for delivering educational services that treat the unique needs of women in postsecondary education. For example, a grant from the Fund established the Women's Inner City Resource Center in Boston, Mass., which acts as an advocate for inner-city women who want new careers or decide to return to school. A Fund project with the Educational Testing Service is developing methods for women to use to evaluate the competencies they acquire through domestic or volunteer work. These findings can help women avoid having to spend time learning once again skills or concepts that they may have already acquired. Other Fund projects with Northeastern University in Boston and the National Council of Negro Women in Washington, D.C., are working with employers to survey skills they are seeking in prospective employees and integrating suggestions into postsecondary coursework.

As a result of the Education Amendments of 1974, the National Center for Education Statistics (NCES) became a direct responsibility of the Assistant

Secretary's Office. The Center is proceeding with a review of sex discrimination in educational institutions, as mandated by the Women's Educational Equity Act of 1974. Three component studies are being conducted under contract to NCES. These are: (1) Employment Practices -- a review and analysis of employment practices relating to teaching, supervisory, administrative, and other professional personnel in educational institutions; (2) Guidance and Counseling -- a review and analysis of the availability of appropriate guidance and counseling services for students in secondary, postsecondary, and adult education; and (3) Access to Education -- a review and analysis of access to various types of programs in postsecondary education, including occupational, technical, and professional education, higher education, and adult education.

The Office of Education (OE)

The Office of Education, the largest component of the Education Division, supports 130 legislated programs through its 5 bureaus, and regional and State offices. OE sponsors a number of different activities for women's educational equity under its many program authorities.

The Bureau of Occupational and Adult Education, for example, is engaged in developing films and curricula materials designed to show girls and women in non-traditional roles. The Bureau also is devising a number of programs to develop training for new carrers for adult women such as a multi-service adult education resource center for educationally disadvantaged female parents. The Division of Adult Education within the Bureau has completed an investigation of adult functional competencies which are important to coping and surviving in our society. The Adult Performance Level study gives a key to long-term solutions to the problems of illiteracy and lack of basic skills because it provides learning objectives for adults. This study has strong implications for future plans for adult education for women and men. The Division of Adult Education also has taken the initiative to examine its whole program in relation to the opportunities afforded women. Through their analysis they hope to discover how the program can better serve women. In addition, the Office of Career Education is supporting studies to raise the career aspiration levels of female students.

Creating new educational and career options for women is the focus of the work done by OE's Women's Program Staff, which administers the Women's Educational Equity Act. The Staff is sponsoring: (1) a training project to assist elementary and secondary school personnel to recognize and alter discriminatory guidance practices; (2) a project to develop and publish 3 handbooks on sex equality in educational materials, in the schools, and in educational administration; (3) the development of technical assistance instruments in implementing Title IX; and (4) a project to expand career options for women.

The Bureau of Postsecondary Education is sponsoring programs to provide information, motivation, and supportive services for mothers and housewives re-entering the labor market, and to train incarcerated and low income women.

Sex desegregation assistance is provided under OE's Bureau of School Systems through an amendment to Title IV of the Civil Rights Act of 1964. Title IX amended Title IV, which has provided desegregation assistance to school districts since 1965. Changes in Title IV enlarge the program's responsibilities to enable OE to help school districts eliminate sex discrimination. Eleven regional sex discrimination institutes receive funding to inform teachers and school administrators ways of eliminating discrimination on the basis of sex. These regional institutes will supply technical assistance and staff training services to school systems undertaking sex desegregation. School systems could also obtain Title IV funds for hiring specialized personnel to assist in eliminating discrimination on the basis of sex.

National Institute of Education (NIE)

The National Institute of Education was established in 1972 to attack critical problems in American education through research and development. Within NIE, the Women's Research Program and the Education and Work Group are particularly concerned with assuring educational equity for women through a multi-level program of research.

Under current study in the Women's Research Program is a project designed to examine the educational leadership and achievement of women. The educational leadership initiative is an outgrowth of earlier research on achievement patterns done in FY '75. Program plans for FY'76 include the development of training modules to help individuals move from indirect achievement, fear of success and fear of failure patterns to a direct achievement mode. Another WRP study is looking at the educational and occupational behavior and aspirations of approximately 1800 women. This represents a major data bank which can be used by educators, researchers, and policy-makers to understand predictors of educational achievement, dropout patterns, educational and occupational re-entry problems. It will provide information about family patterns that impede and/or facilitate educational achievement in women. The Program is also studying the educational and occupational problems of minority women. This includes a review of literature and a contract/grant program to develop a series of studies of minority women from different backgrounds.

Looking ahead to FY'77, the Women's Research Program is planning work in new areas. The Program will be doing an evaluation of affirmative action programs, as well as of Women's Studies Programs. They will also investigate sex differences in cognitive style of women and men in science and mathematics to help develop new programs for training more women scientists and mathematicians. The Program will also conduct a study of the reasons why women are able to enter leadership roles in nontraditional settings, but are inhibited in traditional settings.

The Education and Work Group at NIE is supporting a home-based career counseling service for adults who wish to re-enter the labor market or return to school. Most of the clients are women. This project uses telephone counseling and has been successful with it. Information on career options can also be obtained at the project's resource center.

Career awareness is the topic of another Education and Work Group project designed to establish a television series for children and parents to expand career awareness and reduce negative consequences of sex and race stereotyping in career options. The project will be a multi-year effort for development, evaluation, and broadcast.

Completed and available to the public is a "learning kit" from NIE on sex fairness in career counseling services. This kit was developed for guidance counselors and counselor educators to be used to identify and eliminate sex bias in counseling practices and materials.

National Conference on Race and Sex

In addition to these agency activities, the Education Division also sponsored a national conference on race and sex bias entitled "Equity in Education" in November 1974. As of mid-1975, more than 1000 copies of the conference materials were circulated in more than 25 states for use in teacher and administrator training. A follow-up publication to this, Programs for Educational Equity, is now available.

To commemorate IWY, an Education Division brochure on research and programs focused on women is now being prepared and will be available early in 1976.

HEALTH

The Public Health Service (PHS) is the Federal agency charged by law to promote and assure the highest level of health attainable for every individual in America. As of 1975, the total dollar amount spent on health by the Department is about $26 billion annually, including Medicare and Medicaid. The following sections will deal with the mission-oriented activities of HEW on health as it relates to women and to areas of concern to women.

Health Research

The National Institutes of Health (NIH) are assigned the lead responsibility for intra and extramural biomedical research. Approximately $1.8 billion is spent annually by HEW on health research. Notable categorical advances resulting from basic research to date include dramatic progress in the chemotherapy of cancer, new treatments for hypertension, improved surgery of the heart, elucidation of the handling of insulin by diabetics, isolation of multiple viral causes of the common cold, and the development of a vaccine against rubella. Major research developments and emphasis, related to women, are discussed in the following sub-sections. Research on child health and development is reported in a separate section of this report.

I. Cancer

The National Cancer Institute (NCI) has launched numerous offensives and allocated substantial resources in its continued quest to conquer cancer in this century. A majority of NCI's programs and activities will potentially affect the health and well being of women in terms of prolonged life and increasing productivity by the early detection and treatment of cancer.

Two major forms of cancer that affect women are cancer of the breast and gynecologic cancer. In March 1975, the National Center for Health Statistics of the Health Resources Administration reported that fewer than one half of American women above the age of 17 have had either a breast examination or pap smear in the past year.

This year alone, some 89,000 women will develop breast cancer and 33,000 will die of this disease unless better methods of detection and treatment are devised. Consequently, the research effort toward understanding the nature and treatment of breast cancer, which involves disciplines encompassing chemotherapy, surgery, immunotherapy, and radiotherapy has been developed and expanded.

The National Cancer Institute has initiated many studies and developed surgical techniques specifically for breast cancer. The Institute is carrying out a study of breast cancer surgery techniques through the National Surgical Adjuvant Breast Project. It has a targeted Breast Cancer Research Program directed into the areas of epidemiology, diagnosis, experimental biology, and treatment. There are 27 breast cancer detection units in operation; and 14 networks of hospitals are being developed to involve diagnosis and treatment of breast cancer.

The NCI is also expanding its study and treatment of gynecologic tumors, including ovarian carcinoma, which accounts for some 10,000 deaths of women yearly. A Gynecologic Oncology Group, composed of surgeons, chemotherapists, and radiotherapists, is actively involved in designing protocols throughout the entire spectrum of gynecologic malignancies. Such research could result in therapeutic or vaccine measures for prevention of these types of cancer. Substantial support is devoted to basic research on the relationship of herpes virus type 2 to the etiology of cancer of the cervix. One of the most far-reaching activities thus far is a national Cervical Cancer Screening Program, to be carried out by state health departments. About 40 percent of the states and territories are participating, and it is projected that by early next year the remaining states will have been activated in terms of planning or implementation of this program. Another project underway is a cervical cytology demonstration which involves the detection of cervical cancer in Southwest American Indians.

In addition, the National Cancer Institute has undertaken a cytology automation collaborative research program. This project involves research into the development of computerized machines to diagnose rapidly pap smears, etc., for cancer of the cervix. Hopefully, as a result of the successful application of this equipment, an effective mass-screening program to detect various cancers in women will be developed. There is also a program to identify, examine, and conduct follow-ups of young girls who were exposed to the chemical "stilbesterol" in early uterine life. This drug has been given to many pregnant women during the period 1940-1963 and is alleged to produce a particular type of vaginal carcinoma in their offspring.

Research also focuses on the possible carcinogencity of cosmetics used primarily by women. Further, NCI supports basic research in hormonal factors in the etiology of female-affecting cancers and epidemiological studies on the possible carcinoginic effect of oral contraceptives in women.

Developments in smoking and lung cancer as it relates to women, are discussed in the section on drug abuse.

II. Effects of Environment on Health

The National Institute of Environmental Health Sciences is supporting a major study "Women's Physiological Adaptation to Heat Stress," being conducted by the University of California.

This project was designed to increase the understanding of the differences between men and women in terms of their functional capacities and adaptive potentials.

The very limited information concerning the physiological capacities and adaptive potentials of women to heat stress and work suggested the need to interrelate the levels of certain specific circulating hormones to the physiological responses and adaptive qualities of women subjected to this combination of stresses. Cross-sectional studies are being made of the influence of and on these hormonal balances in women under a variety of combinations of heat strain, work loads; exercise duration, and levels of physical fitness. Acclimatization of women to heat, in work as well as at rest, is being studied; and comparisons are being made to relate the various phases of the menstrual cycle, prepubertal, and menopausal states, to this acclimatization.

III. Diseases of the Eye

The National Eye Institutes' 1969-1970 Statistics on Blindness in The Model Reporting Area indicated that blindness from diabetic retinopathy, a progressive disorder affecting the blood vessels of the retina, is more common among women than men, and is most common among non-white women. The Institute has been engaged in ongoing diabetic retinopathy research for many years. This past year, over $4 million has been spent to support and conduct investigations in diabetic retinopathy. One aspect of this research is the NEI-supported Diabetic Retinopathy Study, a nationwide investigation designed to evaluate the effects of two forms of treatment for the disease. The Study is expected to continue for an additional eight years. When these investigations are completed, it is hoped that the knowledge gained will contribute to preserving the visual health of all segments of the population, including those at high risk to visual disability from the disorder.

IV. Lung and Blood Diseases

Chronic bronchitis and asthma are more common in women than in men. The goals of the National Heart and Lung Institute's programs in chronic bronchitis, asthma, and emphysema are to prevent development of these diseases by early diagnosis and identification and control of risk factors; to improve treatment and rehabilitation programs; and to understand the causes of these diseases. The NHLI program in asthma focuses primarily on the nature of the pulmonary functional impairment to learn more about the unusually irritable airways of asthmatics, the interaction between inhaled agents, and the effects of pharmacological mediators.

NHLI also supports a number of programs dealing with the problem of thrombosis, which is almost 4 times more frequent in women than in men. NHLI is investigating the effects of oral contraceptives on thrombosis, and the effect of female hormones on the blood vessel wall.

A program is underway on hemophilia, a sex-linked bleeding disease carried by women and inherited by men. Studies are ongoing to develop accurate tests for the detection of women who may be carriers of the disease.

V. Aging Health Research

Pursuant to the Research on Aging Act of 1974, the National Institute on Aging (NIA) was funded as a separate entity in 1975. The nucleus of this group is the National Child Health and Human Development's Adult Development and Aging Branch.

The mission of NIA is to conduct and support biomedical and social behavioral research and training, related to the aging process and the diseases and other special problems and needs of the aged.

The menopause is one of the major emphasis areas of the Institute. Concentration at present is on the causes, effects, and treatment of the menopause, including: alternate methods of estrogen production in post-menopausal women; estrogen therapy and stroke risk; and the prevention of bone loss in the menopause. In addition, the Institute has recently published a pamphlet "Menopause, the Experts Speak," containing the results of the 1971 Conference on the menopause.

VI. Research on Reproduction and Contraception

Most current methods of birth control are aimed towards women. The primary methods of birth control for women are birth control pills or intrauterine devices (IUD). However, the pill is contradicted for women with special health problems; and many women cannot tolerate the side effects of the pill or the IUD. Most importantly, the long-term effects of the pill have not been determined. Therefore, there is a need for the development of contraceptives that are safe, effective, and can be tolerated by all persons.

The principal HEW agencies involved in population research are the Center for Population Research of the National Institute for Child Health and Human Development (NICHD) and the Food and Drug Administration (FDA). Throughout the Department, the efforts to produce better chemical contraceptives for both men and women have continued with increasing intensity.

During 1975, the NICHD will evaluate the efficacy and safety of synthetic male hormones (male contraception); develop estrogen related compounds with lesser side effects; evaluate one promising long-acting injectable contraceptive; perform basic research on enzyme inhibitors which would block fertilization; and test new types of IUD's.

A series of new projects have been developed to pursue the relationship between various contraceptive methods and birth defects.

The National Institute of General Medical Sciences is also performing extensive research in the metabolism of oral contraceptive steroids over a period of several years. The goals are to develop improved usage of contraceptives and the ability to lower the dosage and maintain the desired result.

The NICHD also conducts a behavioral science program in population research. Special efforts have been made to develop research programs on topics of current importance: such as, the effects of the changing roles of women on their childbearing patterns; factors affecting the choice of methods of fertility control; and the determinants of illegitamacy--particularly among teenagers. The latter is becoming more important as a social issue in view of the rise in teenage illegitimacy that has occurred over the past decade despite the increased availability of contraception.

The FDA approves contraceptive drugs for safety and effectiveness before they are marketed and maintains surveillance over both contraceptive drugs and "non-drug" contraceptive devices.

FDA is currently updating a report on IUD's; and is evaluating the influence of estrogen content on the thromboembolitic action of oral contraceptives.

For International Women's Year, the Health Resources Administration sponsored a major international conference: "Women and Their Health: Research Implications," August, 1975. Topics included alcoholism, menopause, women's mental health; cultural questions in research on women's health, and women's self-help clinics. The results of this conference will be published in 1976.

During April 1975, NIH held a week-long conference on "Minority and Women's Opportunity and Resources." The purpose of this conference was to explore government support of biomedical research, especially with minority and women's institutions.

Family Planning

With the passage of the Family Planning Services and Population Research Act of 1970, Congress recognized that family planning is a basic human right and a means by which infant and maternal morbidity and mortality, illegitamacy and poverty could be reduced. Two priorities were established by the Act: developing a nationwide system of family planning services and developing new, improved methods of contraception. Responsibility for achieving these goals was given to HEW.

Unplanned pregnancies and unwanted births present a major dilemma for women. The majority of these pregnancies occur to the unmarried, the older woman who has completed her family, or the woman who has too many children too close together. These same women also experience a greater incidence of prematurity and maternal and infant morbidity and mortality than do those with planned pregnancies. Some women find themselves pregnant at the same time they are combatting problems that jeopardize normal birth, e.g., drug addiction, alcoholism, diabetes, heart and mental disorders.

Since so much of a woman's life style is determined by the age at which she has her first child and the number of children she has, an awareness of the possibilities of limiting the number of children and/or extending the time intervals between children is essential if women are to realize a variety of options in their lives.

The Deputy Assistant Secretary for Population Affairs, under the Assistant Secretary for Health, is responsible for directing the population research and family planning activities of the Department. Specific program activities assure that family planning information and services are available and accessible to all individuals needing and desiring these services; support population research; train professional and lay health personnel; and disseminate public information.

Priority has been given to assuring access to subsidized family planning services for medically indigent women by the end of fiscal year 1975. About 3 million women receive services through subsidized clinics. An additional 1-1/2 million women receive subsidized services provided by private physicians. Major sources of support for these services are the Health Services Administration (HSA) and the financial assistance program of Social and Rehabilitation Services (SRS), particularly Medicaid. The major services offered are fertility related medical screening/examination and birth control.

Under HSA impetus, a task force of non-governmental medical professionals was established to assist HEW in developing family planning medical guidelines.

Family planning services with a strong educational component are now being provided to teenagers (primarily female) who currently represent 30% of those visiting HSA-funded clinics. In addition, $300,000 is being spent during IWY on a multi-media campaign entitled "Family Planning Means More Than You May Have Thought." Dissemination is through 700 TV stations and all radio stations in the country. An adjunct to this will be extensive forthcoming newspaper and magazine advertising to begin December 1975.

The Health ResourcesAdministration (HRA) has budgeted over $2 million for a 2-1/2 year period beginning July 1973, to develop a reporting system on the utilization of Family Planning Services, including non-federally supported services. In addition, there is an annual inventory of family planning facilities and resources which lists characteristics of the facilities and types of services offered. Finally, there is a bi-annual national survey, from July 1974 to December 1976, of family growth, directed at women, to develop statistical reports of the numbers and characteristics of those being served. Parameters of the survey include marital history, pregnancy history, and current and past employment status. It is planned to relate these parameters to the work history of American women, as the data permit. The objective of this survey is to provide information on fertility, family planning, and related health factors in childbearing.

In the light of the high illegitimacy rate among teenagers, the Assistant Secretary for Planning and Evaluation (ASPE) is planning an evaluation of family planning services to teenagers, particularly services funded by HEW.

Development of new methods of contraception is discussed under Health Research.

Alcoholism and Drug Abuse

This section will deal with mission-oriented activities of HEW on drug abuse, as it relates to women. A drug is any substance which is ingested into the body by any means to produce certain effects. Drug abuse is not confined to the illegal drugs (which carry criminal penalties for possession and use). Virtually any drug, including prescribed drugs and alcohol, may be used unwisely, to excess, or to the point of physiological or psychological dependence or harm. The drugs most frequently abused are the "mind" drugs which have various effects on the brain and central nervous system. The major categories are: (1) the depressants (such as the opiates including heroin, the barbiturates and other tranquilizers, and alcohol); (2) the stimulants (such as the amphetamines, cocaine, and nicotine); and (3) the hallucinogens (such as LSD, hashish, and marijuana). Techincally, a drug is considered to be physically addictive only if it produces both increased tolerance over time (causing an increase in the amounts that must be ingested to produce the same effect as before) and physical withdrawal symptoms in the absence of the drug. The major physically addicting drugs are heroin (and other opiates), alcohol, and the barbiturates. The non-physically addicting "mind" drugs such as mild tranquilizers and the hallucinogens, all have the potential of producing psychological dependence (habituation) so that the drug-dependent individual cannot cope or deal as effectively with his or her life and its problems without the drug. The major research emphases by the HEW Public Health Service have been on alcoholism, heroin addiction, and cigarette smoking as it relates to lung cancer.

Cigarette Smoking and Lung Cancer

Among women, the death rate from lung cancer has been low compared with that for men, but this picture is changing alarmingly. The female lung cancer death rate has doubled in the last 10 years. This year, for example, lung cancer will strike an estimated 19,000 women; and 17,000 women will die of the disease. The recent upsurge in the lung cancer death rate for women is attributed to the fact that women began to smoke in much greater numbers about 30 years ago, and the trend has been increasing steadily since then. The National Cancer Institute has a large research program in this area. The Institute also aims to educate people to stop smoking, or not to start, and to develop less hazardous cigarettes for those who cannot stop smoking. Combined with this, the Center for Disease Control (CDC) plans to develop a videotape on the problems of women and smoking. In addition, CDC has developed flyers and brochures to discourage women from smoking.

Alcoholism

An estimated 25% of the 9 million-plus alcoholics in the United States are female. This is probably a conservative estimate, since women drinkers are more likely to drink alone or in their own homes and will therefore remain "hidden". Because of the greater stigma attached to heavy drinking in women, as opposed to men, women with drinking problems are usually more hesitant than men to seek help from a physician and consequently may evidence more deterioration when finally treated. Women alcoholics also report a higher incidence of depressive symptoms and suicide attempts than male alcoholics. Past research on predictors, etiology, and social reinforcement effects on alcoholics has not been sufficiently oriented towards women alcoholics. Institutions providing treatment and rehabilitation services typically concentrate on men and lack adequate facilities for women. However, with the growing knowledge that alcoholism is treatable, a greater number of women are seeking help than in the past.

The Division of Prevention, National Institute on Alcohol Abuse and Alcoholism (NIAAA) is involved in one grant project for women requesting the General Federation of Women's Clubs to designate State alcohol program leaders or chairwomen, schedule educational workshops, and to develop a program guide for community action programs. With support of the National Clearinghouse for Alcohol Information, the Division of Prevention is about to publish materials concerning women and alcoholism. Also, the National Center for Alcohol Information has developed a curriculum package for women's groups designed for people not directly associated with the alcoholism field. This package, entitled REFLECTIONS IN A GLASS, encompasses a series of learning sessions that can be used by small groups of women, church groups, as well as individual families that may have a family member with a severe alcohol problem. The Federal Women's Program of the Food and Drug Administration has developed a videotape: "Alcoholism and Women". The Division of Special Treatment and Rehabilitation Programs, NIAAA, funded 15 women alcoholism treatment programs as of the end of FY 75 (June 30, 1975). Women's treatment programs are among NIAAA's national priorities. These treatment programs include both residential and out-patient capabilities, and multi-modality treatment methods including Alcoholics Anonymous; individual, group, and family counseling; recreational opportunities; didactic lectures/films/reading; and follow-up.

This year, a women's consultants committee, consisting of 5 women and 2 men with special expertise on women's alcoholism programs, was used to provide consultation to NIAAA staff in making funding recommendations on women's alcoholism treatment programs. Over 20 such proposals were reviewed in the second funding cycle of FY 75. With the growing realization that the etiology of alcoholism and its psychological and socio-cultural concomitants are distinctive among women in our society and that the needs of alcoholic women are most effectively met within treatment and rehabilitation programs designed specifically for this population, the number of such programs is expected to increase.

The National Institute of Mental Health currently funds various studies pertaining to women and alcohol. They deal with the effects of alcoholics upon families and the "hidden" female problem drinker.

Heroin Abuse and Treatment

At the present time, it is estimated that there are over 600,000 narcotics addicts in the country. Of these, 90% are addicted to heroin. Based on figures for active addicts (those arrested for narcotics abuse), only 15% (or less than 90,000) are women. In addition to the dangers of addiction faced by all addicts-death by overdose, death by adulterants in the injected substance, contraction of hepatitis by the use of unsterile needles, arrest and confinement--pregnant female addicts can directly transmit their addiction to the fetus. Untreated addict mothers have babies with extremely low birth weights. It is estimated that 50 to 75% of all babies born to addict mothers require treatment for withdrawal symptoms (most within 24 hours after birth.)

Two of the major treatment modalities for heroin addicts are methadone maintenance and Therapeutic Communities. Other modalities include individual and group counseling, and employment/educational rehabilitation. Methadone is a synthetic opiate which blocks the effects of heroin or any other opiate, but is physically as addictive as heroin. However, current research suggests that a properly administered methadone program will reduce the physical risks of heroin addiction; and if combined with other treatment modalities, long-term maintenance may be the only feasible treatment modality for individuals who cannot remain, "drug free". Therapeutic communities are live-in centers which are traditionally "drug-free" and utilize group pressure, peer group identification, and encounter sessions between the addict and other addicts and ex-addicts to keep the addict free of drugs.

Four major demonstration grants being conducted in 1975 by the National Institute of Drug Abuse (NIDA) are: 1) The New York Medical College Program for Pregnant Addicts and Addicted Mothers (focusing on opiate addiction and problems associated with pregnancy and the children of addicts); 2) The Odyssey House Parents Treatment Program (a residential Therapeutic Community to treat parents and their children); 3) Women's Center/Detroit Wayne County Mental Health Board (a multi-modality out-patient treatment center including methadone maintenance and focused on child-rearing behaviors of addicted women); 4) Women Incorporated--Boston (a therapeutic community for female opiate addicts released on probation including comprehensive care for the women and their children). In addition, NIDA is currently funding 8 other demonstration treatment programs for women addicts and is conducting research on the effects of methadone on pregnancy and infant development, and on the relationship between heroin addiction, prostitution, and involvement in other criminal activities.

Other Research on Drug Use and Abuse

As of 1972, scientists from the National Institute of Mental Health found that women account for 67% of all psychotropic (CNS affecting) drug usage and 60% of non-psychotropic usage. Stimulants and anti-depressants appear to be overwhelmingly "female" drugs, showing very high percentages of use by women. With increasing age, however, the differences between males and females in use of psychotropic drugs tends to decrease.

For FY 1975-76, the Services Research Branch, Division of Resource Development, NIDA, will be investing approximately $2,000,000 to support an intensive research and demonstration study effort that is designed to provide specific answers to the questions and issues outlined as follows:

a. What is the nature and extent of drug abuse in the female population? What are the types of drugs used by women? What are the patterns of abuse?

b. What are the appropriate treatment modalities for women with different problems and needs?

c. What are the appropriate treatment protocols for different types of women in methadone maintenance programs? What are the appropriate protocols for detoxification?

d. What are the medical problems and needs of this population?

e. What are the appropriate parenting and family relationships? How can they be strengthened?

f. What intervention methods and approaches are most appropriate in fostering the physical, psychological, and social development of the children of female addicts?

g. Attitudinal factors related to women and their role and function in society will be studied to obtain a better understanding of situations in which women find themselves and how these situations may produce or encourage drug abuse. In addition, additudinal elements will be studied within the rehabilitation process.

Other issues will be addressed as additional knowledge is gained. The National Center for Health Statistics of the Health Resources Administration is currently in the process of gathering and analyzing data, by age and sex, on the use of all prescription and non-prescription medicine.

Mental Health/Mental Illness

The two major diagnostic categories of mental illness are psychosis and neurosis. Psychosis is a severe disorder in which the individual has lost contact with reality and responds less to external cues (both environmental and social) and more to internal cues (such as hallucinations and/or delusions, or fantasies). Neurosis is a less severe disorder in which the individual remains in contact with reality but shows symptoms of maladjustment, such as anxiety and/or depression. These disorders, however, are not on a continuum, since neurotic individuals are unlikely to become psychotic over time. Theories on the etiology of psychosis range from postulating biochemical disturbances or breakdowns in the Central Nervous System or hormonal functions to statements that mental illness is merely a label that society attaches to persons who act in ways that are disturbing to other people (Szasz, Goffman). For neurosis, the most extensive etiologies (most notably the Freudian) assume that neurosis is an adult reaction, triggered by stress, to unresolvable conflicts that occurred in the socialization process during infancy and early childhood development. Current types of treatment in this country for neurotics consist largely of the "talking" psychotherapies (individual or group) buttressed with drug therapy (anti-depressants or tranquilizers). Treatment for psychotics is primarily oriented to physical methods--treatment with drugs (most notably thorazine for hospitalized schizophrenics) or treatment by electric shock, which is widely used for very depressed psychotic hospitalized patients.

In terms of diagnostic classifications, women are more likely to suffer from (or be diagnosed as suffering from) psychotic and neurotic reactions, particularly depression; while men are more likely to suffer from alcoholism or drug addiction and personality (sociopathic) disorders. The biological theories suggest that the greater incidence of depression in women at all ages is due to hormonal factors or hormonal balance, particularly in pregnancy and the menopause. Alternatively, role theory suggests that women are more likely to act in accordance with established and expected roles. Depression and schizophrenia are both consistent with "passive" (feminine) roles, while alcoholism and drug addiction are more consistent with "active" or "aggressive" (masculine) roles. Anthropological data suggest that depressions in middle-aged women result from their lack of important roles and subsequent loss of self-esteem rather than from hormonal changes in menopause. Overall, women are more likely to seek, be referred to, and participate in psychotherapy than men. Women are also more likely to be hospitalized for mental disorders than men.

The National Institute of Mental Health (NIMH) is responsible for administering Federal mental health programs. Its basic mission is to develop knowledge, personnel, and services to treat and rehabilitate the mentally ill, to prevent mental illness, and to promote and sustain mental health. NIMH continues to research mental health issues of special relevance to women. A large number of these studies relate to women in their role as mother, in conjunction with the focus by NIMH upon early childhood development and the etiology of mental illness.

Two major reports have been published by NIMH, Division of Scientific and Technical Information, for International Women's Year. These are: Women and Mental Health, an 800 page annotated bibliography of world-wide literature; and Sex Roles Bibliography, an annotated world-wide bibliography on research regarding sex roles. Other reports to be published in 1975 include the subjects of attitudes and opinions toward birth control.

A radio program concerning women's issues is being introduced for the Mental Health Matters series. The Communications Center and Library is building a collection of books, journals, and magazines on women's concerns in the area of mental health and related social sciences.

The Center for Studies of Crime and Delinquency is conducting studies on mother-infant interaction and child abuse, and the psychological impact of rape on the victim. In addition, the Center has published a monograph on The Contemporary Woman and Crime.

The Division of Extramural Research Programs, NIMH, is currently providing over $1,000,000 to support 20 research studies, which have a primary or secondary focus on women and which use a physiological or psycho-social approach. Topics of research range from a study of the reproductive endocrinology of depression, to studies of women's role in society, attitudes of married women toward work and families, class-related aspects of women's liberation, volunteerism among women, the social effects of divorce and divorce law reform, and the impact of different parental expectations and behavior on achievement of girls from working and middle-class backgrounds.

A conference on "New Directions for Research on Women" was sponsored by the Division of Extramural Research Programs and held May 31 - June 2, 1975. The conference focused on current and future research needed on concerns and topics relating to women. Papers and discussion will be published in book form early in 1976. Two workshops were held this year at the meeting of the Society for Psychotherapy Research on "Therapies and Alternative Help Systems for Women". Five of the papers presented at last year's conference have been edited and submitted for publication to Psychotherapy: Theory, Research, and Practice.

Nursing Homes/Long Term Care Facilities

Two major types of nursing homes are skilled nursing facilities and intermediate care facilities. A skilled nursing home is staffed to make round-the-clock nursing services available to residents, while an intermediate care facility provides health related care and services to persons who do not require the degree of treatment which a skilled nursing facility is designed to provide.

In terms of Federally subsidized payments for treatment in these facilities, Medicare, a federal health insurance program of the Social Security Administration, can pay for the first 100 days in a skilled nursing facility. Medicare cannot provide payments for intermediate nursing facilities. Medicaid, a Federal/State matching program operated by Social and Rehabilitation Services, provides services to eligible low-income persons and can provide payments for both skilled and intermediate nursing facilities.

Under Medicaid and Medicare programs, the Federal government sets standards for nursing home services as well as for safety and sanitation. Each state must follow these standards when it inspects and certifies nursing homes that receive money from Medicare and Medicaid. States follow their own standards in inspecting and licensing all other nursing homes.

At present, there are approximately 23,000 nursing homes in the country. Some 5% of all older persons, or approximately 1.2 million, are residents of nursing homes. Of these, for both types of homes, over two-thirds are women, which reflects the longer life span of women and the increased likelihood of older persons to suffer from one or more chronic illnesses. The median age of residents in skilled nursing facilities is 82.

At Headquarters, Long-Term Care staff are located in the Office of Nursing Home Affairs; the Office of the Secretary; the Social Security Administration; the Social and Rehabilitation Service; Health Services Administration; Health Resources Administration; and the Administration on Aging. The Regional Office staffs are generally concentrated in each of the Regional Offices of Long-Term Care Standards Enforcement. Efforts in the regions are focused on the survey and certification of Medicare and Medicaid providers.

The Office of Nursing Home Affairs works to improve deficiencies, practices, and health services in nursing homes and long-term care facilities. In 1974, Senate and Congressional hearings and testimony, press reports, and Departmental surveys, have revealed allegations of inadequate physician services; and negligence in patient treatment in nursing homes.

One of the projects in the Department's campaign to improve long-term care is a survey of skilled nursing facilities. This survey, conducted by the Office of Nursing Home Affairs, will determine patient characteristics, quality of patient care, and types of nursing home management. The full document, Long-Term Care Facility Improvement Study: Introductory Report, will be made available in late 1975.

Another major initiative is the implementation of a nationwide nursing home ombudsman program. Beginning July 1975, the Administration on Aging provided monies to each state to promote and develop ombudsman activities and to develop the capacities of Area Agencies on Aging to do the same in their localities. These services will enable patients and their families to call certain practices to the attention of various standards enforcement and other agencies for resolution.

There is an ongoing initiative by the Department to develop alternatives to institutionalization and nursing home care. Two major alternatives are Day Care Centers and home health care. A number of agencies, principally the Health Resources Administration and the Administration on Aging, have funded demonstrations in day care. These demonstrations have shown that older persons, otherwise in need of intermediate nursing care, can live outside of a nursing home if provided with medical and other social services during the day in a group care setting. In some States, such day care can be paid for by Medicaid. Day care programs, however, are not extensive at present.

Home health care, the provision of medical/nursing services in the home, is another option which has received added impetus with the recent passage of Title XX of the Social Security Act. This is discussed in the section on Legislative Advances.

Additional emphasis will be placed by the Department on a review of survey/certification procedures of nursing homes, training of state surveyors, and a complete analysis of the entire fiscal approach to reimbursement for services provided in nursing homes.

Women in the Health Professions

Based on preliminary statistical findings, the Health Resources Administration has recently reported that women now account for 15% of medical school enrollments, which is a growth rate of 2 1/2 times the enrollment five years ago. While women still accounted for less than 5% of the enrollments in schools of dentistry, osteopathy, and optometry, they made up 14% of enrollments in veterinary medicine and 26% in schools of pharmacy.

The Women's Action Program of the HEW Office of Special Concerns is currently funding a 1 1/2 year study, to be completed in 1976, on Women in Health Professions Schools. The study involves a series of semi-structured interviews with faculty administrators and students at selected schools of Medicine, Optometry, Dentristy, Veterinary, Medicine, Osteopathy,Podiatry, Pharmacy, and Public Health. The study is designed to explore the elements of the socialization process in the health professions schools which may tend to encourage or discourage women from the successful completion of training and the active practice of their professions. Special account will be taken of how these processes affect minority women. The study will furnish preliminary guidance for the Department's policy and programmatic decisions in this area.

Through 1975, the Health Resources Administration (HRA), is distributing nationally an award winning film "Where I Want to Be" to encourage women to enter the dental profession. HRA is also studying the factors that impinge upon the participation of women in the health care labor force. These studies are: 1) National Survey of Inactive Physicians, Retraining Program, Model Development and Replication being performed by the Medical College of Pennsylvania and 2) An Analysis of Women in the Health Care Industry being performed by Radcliffe College.

In recognition of International Women's Year, HRA sponsored an international conference: Women in Health: Sex Roles in Health (June, 1975). This conference was designed to be an initial step in a cross-national comparative study of the status of women in the health professions. Researchers from countries where women have had a major role in the health professions identified methods used to improve the status and participation of women in the health sector labor force. Guidelines for future research in the United States and for international comparative studies of the status of women in the health professions were developed from the presentations. The results of the conference will be published in 1976.

Women in Nursing

A number of programs are underway in the Department to improve the status and training of nursing personnel. About 9[illegible]% of all nursing personnel in the United States are women. Of the 2700 nurses in the Civil Service and Commissioned Corps, over 97% are women.

The Office of the Chief Nurse, PHS, formulates, develops, and directs policies and programs of the U. S. Health agencies on all matters pertaining to nursing both nationally and internationally. The Assistant Chief Nurse Officer recently served as a consultant to the World Health Organization in India, to assist in developing a cross-national nurse training program.

The Office of the Chief Nurse also co-ordinates the activities of the Nurse Career Development Committee (NCDC). This committee performs a resource and advisory role in the recruitment; professional growth and development, utilization, and retention of nurses in the diverse programs of the Public Health Service. The Committee is currently working with PHS/Personnel and the Civil Service Commission to improve the status of PHS nurses by: raising the entry level grades and changing classification practices for registered nurses to more accurately reflect their education and experience; effecting a new series and classification for the expert nurse clinician and nurse practitioners to recognize their levels of expertise; removing existing barriers on executive opportunities for highly qualified nurses; and stimulating PHS programs to provide more advanced education opportunities for nurses.

In connection with these objectives, the Health Services Administration (HSA) is sponsoring a Pilot Program in September 1975 to train HSA occupational health nurses to perform a variety of gynecological examinations which have been traditionally physician functions.

A number of additional efforts are ongoing by HSA to improve and extend nurse training. Six university programs to train nurse midwives are currently funded, with over $900,000 being spent annually to support both students and faculty. Training focuses on the management of the entire maternity cycle, including birth and delivery in normal parturition. Additionally, the Agency is supporting a number of pediatric and maternity nurse practitioner programs, with training oriented toward giving nurses considerable greater responsibility for primary care.

A new field for HSA-supported training is that of perinatal nursing in order to provide skilled personnel for new and developing perinatal centers. Training includes the care of mothers from the last trimester of pregnancy through labor and delivery, and until the newborn infant leaves the hospital. Concentration is on both high-risk mothers and high-risk infants.

The Health Resources Administration (HRA) is currently funding a number of nurse training and utilization programs, including: the training of nurses to provide primary health care 1) in rural areas; 2) to the elderly and chronically ill; and 3) to low income patients as part of a Maternal Infant Care Health Team with the nurse midwife as the central figure.

REHABILITATION

Within HEW, the Rehabilitation Services Administration (RSA) has the primary responsibility to enable the nation's physically and mentally disabled citizens to achieve a fuller and productive life.

RSA's program consists primarily of support of the State-Federal vocational rehabilitation program, and the developmental disabilities program. Services include diagnosis; medical services; prosthetic applicances; counseling; and training in vocational skills and activities of daily living.

Specific RSA activities related to women are discussed in the following sections.

Rehabilitation of Disabled Women

While figures are not available for the fiscal year just ended, trends of results from the Federal-State vocational rehabilitation program indicate an increasing number of women being served and rehabilitated. Consistent with the mandate from recent legislation, it is estimated that one-third of the approximately 140,000 women now being rehabilitated annually are severely disabled. Of the total rehabilitated, about 67% find jobs in the competitive labor market, with the remainder being homemakers.

Training of Rehabilitation Professionals

Under the rehabilitation training program authorized by the Rehabilitation Act of 1973, women wishing to enter rehabilitation work with the physically and mentally disabled are awarded traineeships to assist them in completing their studies. It is estimated that 40% of the traineeships awarded this year in such rehabilitation professions as rehabilitation counseling, speech pathology and audiology, physical therapy, occupational therapy and rehabilitation medicine are awarded to women. These training programs will be continued in the fiscal year now beginning.

Research in the Rehabilitation of Women

Research projects have been testing methods of providing skills in meal preparation, child care, laundering, marketing, management of time, mobility, grooming, and other aspects of personal care and homemaking for women with mental illness and orthopedic handicaps. A project in a rural setting delineated the skills found most needed among the clients. The project for those recovering from mental illness showed a greater rate of discharge and less rehospitalization for those receiving the services compared to those that did not. These research activities are continuing.

Services to Families of Handicapped Migrant and Seasonal Farm Workers

The Rehabilitation Act of 1973 authorizes special projects for the vocational rehabilitation of handicapped migratory and seasonal farm workers. These projects may also provide services to members of their families, whether or not handicapped, who are with them when such services are necessary to the rehabilitation of the disabled migrant or seasonal farm worker. Since the eight projects supported by this grant program have just completed their first year of operations, reports on the number of women served are not yet available. It is expected, however, that a significant number of women, especially from black, Chicano, Puerto Rican and Indian minority groups, have been able to take advantage of the services offered by the projects. Such services may include remedial education, courses in child care or classes in home economics designed to improve the homemaker capability of wives accompanying migrant or seasonal farm workers to the site of their agricultural employment.

Special Activities

Working through the Women's Committee on the President's Committee on Employment of the Handicapped, information about disabled people and RSA's programs is made available to the presidents and program planners of 27 national womens organizations with total membership of in excess of 25 million.

Similarly, RSA's concern and work to help eliminate environmental and attitudinal barriers to the disabled in homes, schools and other community facilities is reflected in cooperative activities with groups such as the Committee on Environmental Barriers of the PCEH, The American Institute of Architects and the National Center for a Barrier Free Environment, and Federal agencies with transportation and housing programs for the handicapped.

WOMEN AND SOCIAL SECURITY

The old-age, survivor, disability, and health insurance (OASDHI) program, generally called social security, provides monthly cash benefits to workers and their dependents to replace a portion of earnings lost because of retirement, death, or severe disability. Since mid-1966, it has also provided hospital and voluntary medical insurance beginning at age 65 (Medicare). As the basic income-maintenance program for the United States, social security helps support more than 1 in 8 Americans, or 28 million people. Trust funds, from which over $47 billion in social security payments are disbursed annually, are maintained by contributions paid by workers and their employers. (This amount does not include Medicare.)

Certain aspects of social security have come under attack as unfair to working wives. Other aspects have been characterized as favoring women. A number of studies are being conducted by the Social Security Administration (SSA) Office of Research and Statistics to assist in planning for future legislation and needs of women under social security. These studies are described below.

Patterns of Employment Among Women

A typical employment pattern of women involves labor force activity prior to marriage and family formation, a period of withdrawal for family responsibility, and return to the labor force in middle age or later. To be examined are: 1) the length and continuity of each of these career segments, 2) how women's employment patterns affect the level of their earnings, 3) how these patterns affect benefits of women retirees, and 4) how these work patterns are evolving over time, thus changing the benefit relationships which may be expected when current workers come to retire. As part of this effort, a model is being developed to forecast the number of women who will have earned their own benefits when they reach retirement age 10, 20, or 30 years from now.

Married Women Under OASDHI

Several proposals have been made on ways benefits paid to married couples might better reflect on their combined earnings. Analyses will focus on the numbers and types of couples who would be affected by such proposals. Couples in which only the husband is an insured worker will be contrasted with couples in which both partners are insured workers. Efforts will be made to identify how proposals for combined earnings credit would influence the benefit amounts, earnings, replacement rates, and returns on contributions paid by two-earner families.

Dependent Women In An Atypical Living Situation

The number of women who are not now protected by the social security system on the basis of their own work or as dependents or survivors is not known. The objective of this project is to estimate the number of women for whom special protection may be needed.

Survey of Young Survivor Beneficiaries

This survey will focus on two groups: a) surviving women under 60 without entitled children; and b) surviving families composed of entitled children with a surviving parent. For each group, the survey will study income and living arrangements after the worker's death, and employment of the survivor in relation to benefit levels. Of special interest will be evaluation of the role of benefits in survivor families' income, absolutely and relative to private insurance, public assistance, and private pension survivor benefits.

1972 Economic Status of the Elderly and Older Women and 1976 Survey of Older People

The principal objective of the 1972 status project is to examine the 1971 total money income of the elderly to evaluate the extent to which social security provided protection to these groups, and to identify those demographic subgroups (age, sex, race) in greatest economic need. The study will provide baseline data on the impact of recent and future changes in social security on the economic condition of the older population. A sub report--Economic Status of Older Women --is in preparation. The 1976 Survey will review the situation of the older population, emphasizing the impact of the 1972 amendments such as cost of living increases and the changed formula for widow's benefits.

On April 23, 1974, former Secretary Weinberger announced the appointment of an Advisory Council on Social Security to study all aspects of this program. Authorization was given for the appointment of a sub-committee to report and make recommendations on questions involving the different treatment of men and women under the program. The Council submitted its final report in March 1975. The recommendations were made in the light of the proposed Equal Rights Amendment and changes in the socio-economic status of women.

The Council noted that married couples where only the husband works no longer comprise the majority of families and that there has been a substantial increase in the numbers of one-parent families headed by women (from 18% in 1960 to 23% in 1973).

The Council recommended that the 1/2 support requirement in present law for entitlement to husband's and widower's benefits be eliminated and that secondary benefits be provided for both men and women under the implied test of dependency in present law for women. This means that a widower does not have to prove he received 1/2 of his support from his wife to be entitled to the widower's benefit. However, the Council also recommended that the law be changed so that a pension based on work in non-covered employment would affect entitlement to and the amount of secondary benefits in the same way that a primary benefit does. Under present law, it is possible for a wife who works in employment not covered by social security to get a full workers pension based on her non-covered work plus the full amount of the wife's or widow's benefit payable on the basis of her husband's earnings under social security. Men could not get this secondary benefit because they generally could not meet the 1/2 support tests. With the proposed elimination of this 1/2 support test, it was recommended that the law be changed to prevent the payment of spouses and surviving spouses benefits in such cases. Thus, periodic payments based on a person's work in employment not covered by social security would be subtracted from any SSA or survivor's benefits. Interestingly, the current law is of greater financial benefit to women. The proposed law allows men the same treatment women have in terms of no support tests, but takes away the benefit women presently have of receiving both a non-social security pension or income and a full wife's or widow's benefit. The other alternative would have been to allow men both the full secondary benefit and any non-SSA income.

The Council also recommended that other provisions of social security which are the same for men and women (but which are criticized because they appear to have different effects on men and women) should not be changed. Thus, the Council did not endorse the principle of providing benefits based on a married couple's combined earnings nor did it endorse credits to homemakers for work done in and around the home for which no earnings are received or to permit people to pay social security taxes with respect to such work in order to obtain credits.

LEGISLATIVE ADVANCES

Two major legislative advances during IWY are the implementation of Title IX of the Education Amendments of 1972 and Title XX of the Social Security Act. Title IX is a major advance against sex discrimination in educational institutions receiving Federal monies. The implementation of Title XX by the states will have a long-term impact on child care services, one of the types of services the states may fund under this legislation. In addition, Title XX can provide increased home-health care and other supportive services to older persons, the majority of whom are women. Further details of this legislation are discussed below.

Title IX - Education Amendments

On July 21, 1975, Title IX Regulations prohibiting sex discrimination in education took effect. These regulations were written and will be enforced by the HEW Office for Civil Rights. The law underlying these regulations is based on the premise that, in a knowledge-based society, equal opportunity in education is fundamental to equality in all other forms of endeavor.

In 1972, the Congress passed Title IX, a law which affects virtually every educational institution in the country. The law prohibits discrimination by sex in educational programs that receive Federal money. During the deliberations on the new law, the following conditions were testified to: girls were denied the opportunity to enroll in traditionally male courses; women constituted 67% of all public school teachers but accounted for only 15% of the principals; and the salaries of women college faculty members were substantially less than those of their male counterparts.

In 1974, a proposed regulation was published, and public comment was invited. HEW received and reviewed nearly 10,000 comments.

The final regulation covers the following areas with respect to recipients of Federal financial assistance for educational programs or activities: coverage, admission of students, treatment of students, employment, and procedures. Except for specific exemptions, the regulation applies to all aspects of all education programs or activities of a school district, institutions of higher education, or other entities which receive Federal funds for any of those programs.

With respect to admission to educational institutions, the final regulation applies to: vocational, professional and graduate schools, and to institutions of public undergraduate education (except those few public undergraduate schools which have been traditionally and continually single sex). Even institutions whose admissions are exempt from coverage must treat all students nondiscriminatorily once they have admitted members of both sexes. Military institutions at both the secondary and higher education level are entirely exempt from coverage under Title IX. Practices in schools run by religious organizations are also exempt to the extent compliance would be inconsistent with religious tenets.

Recipients not exempt from Title IX as to admissions must make comparable efforts to recruit members of each sex. Where discrimination previously existed, additional recruitment efforts directed primarily toward members of one sex must be undertaken to remedy the effects of past discrimination. All schools must treat their admitted students without discrimination on the basis of sex.

Other provisions of the regulation include: equal opportunity to participate in athletics; equal opportunity for financial aid; equal opportunity to take various courses; equal opportunity for employees of all covered institutions; and enforcement procedures.

Title XX of the Social Security Act

On January 4, 1975, the Social Services Amendments of 1974 (PL 93-647 , amending the Social Security Act) were enacted. A new Title XX, Grants to States for Services, deals with social services previously covered by Title IV-A and by Title VI (services to adults, blind, disabled), which has been repealed. As a result, Title IV of the Social Security Act was revised as follows: Title IV-A formerly included both income maintenance and social services, but with the enactment of Title XX, it covers only income maintenance provisions. Title IV-B, which covers child welfare and protective services for children, is not affected by the new law . Title IV-C, which defines the Work Incentive Program (WIN), is not affected by the new law. Title IV-D is a new amendment consisting of provisions regarding child support and establishment of paternity.

Title XX redefines the states' role in providing social services to: (1) families, (2) children, (3) the aged, (4) the blind, (5) the physically handicapped, (6) the mentally retarded, (7) the emotionally disturbed, (8) the alcoholic, and (9) the drug addict.

Within the broad constraints set by the Federal Government specifying goals and client eligibility, the states may determine what services they will provide, what agencies and programs they will fund, and what client groups they will serve. Every state, if it so desires, can conceivably fund its entire allotment under the $2.5 billion ceiling.

The new law will take effect October 1, 1975, and each state must submit by July 1, 1975 a comprehensive plan which defines types of services to be provided, client eligibility, and mechanisms for delivering services.

Under Title XX, social services must be directed toward meeting any of the following goals: self support; self-sufficiency; preventing or remedying neglect, abuse, or exploitation of children or preserving rehabilitation, or reuniting families; preventing or reducing inappropriate institutional care; or securing referral to institutional care when other forms of care are not appropriate, or providing services to individuals in institutional care.

The services which the state may provide are not specifically defined in the law. Rather, it authorizes any service the state may select to meet any one of the five goal categories described above.

A state must provide at least one service directed to at least one of the broadly stated social goals in each of the five categories and must make available at least three types of services for eligible recipients of Supplemental Security Income (SSI). The states must also continue to provide family planning services for appropriate recipients of Aid to Families with Dependent Children (AFDC), currently required by Title IV-A.

Restriction of eligibility is eliminated from the new law. While the state has the authority to define eligibility, it may not exclude any member whose monthly gross income is below 115% of the median income for a family of four in that state.

At least 50 percent of the state's Federal funds for services must be used for individuals receiving or eligible for AFDC, SSI, or Medicaid. However, the law does not restrict services to welfare recipients.

DEPARTMENTAL PROGRAMS FOR WOMEN

The Department sponsors a number of programs and councils concerned with women and women's rights. These programs are described in the following sections.

The Secretary's Advisory Committee on the Rights and Responsibilities of Women (SACRRW)

SACRRW was chartered in 1972 by former Secretary Elliott Richardson. The Committee's mandate is to advise the Secretary of HEW concerning policies, programs, and other activities of the Department relating to the status of women. In developing and assessing such recommendations, the Committee reviews policies, programs, and other activities of the Department as they relate to the status of women. The Committee also undertakes additional activities that the Secretary determines will assist the Department in achieving the objectives of its policies, programs, and other activities relating to women.

SACRRW consists of 19 members, 17 of whom are designated by the Secretary. The Directors of the Department's Women's Action Program and Federal Women's Program serve as ex-officio members. None of the members designated by the Secretary are full-time employees of the Federal Government. Members are selected by the Secretary from authorities knowledgeable in the fields of health, education, and social services. At least two-thirds of the membership are persons concerned with improving the status of women in society who have participated in some aspect of the effort to eliminate sex discrimination. The public members serve overlapping 3-year terms.

SACRRW's areas of current concern are health services for women; vocational education and women; child care and the working woman.

In June, 1975, the Social Services and Welfare Subcommittee of SACRRW held a conference on child care which concerned the impact of Title XX of the Social Security Amendments of 1974 on federally-funded child care, the costs and availability of child care, and alternative methods of child care.

In late 1975, the Committee published a report on Vocational Preparation for Women with recommendations to the Secretary that the appropriate Department officials and staff implement these recommendations through the development of new policies and/or additional research and evaluation. Additional reports and recommendations are in prepartion on Abortion; Child Care and the Working Woman; Comprehensive Health Services for Women; Educational Programs for Disadvantaged and Low Income Women; and an assessment on welfare, medical, and other services for low income women.

The Women's Action Program

The permanent establishment of the Women's Action Program (WAP) resulted from the report of a 1971 Departmental Task Force. It is charged with a continuing analysis of the Department's programmatic impact on women in the U.S., and responsibility for policy evaluation, research and development.

A current research effort sponsored by WAP is an Exploratory Study of Women in Health Professions Schools (see p.35). New projects proposed by WAP for funding in FY'76 are exploratory research regarding the characteristics of single parent families and evaluative work relative to the family planning services delivered under the Medicaid and Social Service programs.

WAP assists appropriate HEW agencies in the development of program legislative proposals, regulations, and guidelines which better meet the needs of women. WAP has recently been involved in the development of policy in such areas as Social Security equity, Title IX, the Women's Educational Equity Act, the definition of family planning services provided under Medicaid and Social Services, and child support collection.

In the Fall 1975, WAP, at the request of the National Commission on the Observance of International Women's Year, conducted a survey of HEW program officials, eliciting their assessment of the impact their programs had on American women. A summation of the analysis of the responses was provided to the Commission in December. Specific policy recommendations identified in this survey and proposed for Departmental action are being staffed through the HEW Delegation to the Federal Interagency Task Force for the National Commission on IWY.

The mission-oriented, or external, portion of the 1972 Report of the Women's Action Program is being updated for re-release.

In addition to being an ex-officio member of the Secretary's Advisory Committee on the Rights and Responsibilities of Women, the Director,WAP, also serves on the Advisory Council of Women's Educational Programs, formed pursuant to the Women's Educational Equity Act.

The Federal Women's Program

The Federal Women's Program (FWP) was established by the Civil Service Commission in 1967 to implement Executive Order 11375, which amended Executive Order 11246 to prohibit sex discrimination in Federal employment. Since 1972, HEW has had a full time FWP Director for the Department and all but two (NIE and ASH) full-time FWP Coordinators in each HEW region and agency and the Office of the Secretary. Coordinators perform functions parallel to that of the Director in their respective organizations.

The FWP is responsible for developing, coordinating, and monitoring policies, programs, and activities related to the status of women in the Department, as well as providing input for the Affirmative Action Plan and monitoring its implementation. As a continuing function, the FWP prepares reports and analyses on promotions, accessions, separations,and training, Department-wide and for specific HEW agencies and regions.

During 1975, the FWP began work on a career development handbook for each HEW agency; prepared a brochure on tips for taking Federal examinations in general and the Professional and Administrative CAReer Examination in particular; and completed an HEW calendar for 1976 that includes important laws, events, and women in the fields of health, education, and welfare during the past 200 years.

For IWY, the FWP Director was designated the HEW liaison to the Department of State for IWY activities, participated in the preparation of the position paper on the status of women in the United States for the U.S.Delegation to the United Nation's IWY Conference in Mexico City, and developed a videotape interview with three members of the U.S. Delegation for presentation to HEW employees. The Director serves as one of the HEW representatives on the Interdepartmental Task Force for IWY.

In HEW agencies and regions, many FWP Coordinators planned, as part of their IWY activities, workshops and seminars for employees on career planning, upward mobility, and issues related to the status of women in society.

HEW SUMMARY

LIST OF MISSION ORIENTED (EXTERNAL) AND INTERNAL ACTIVITIES FOR AND ABOUT WOMEN DURING INTERNATIONAL WOMEN'S YEAR

CONFERENCES

1. International Conference on Women in Health, Washington, D. C., June 1975 (HRA)
2. Women and Their Health: Research Implications of a New Era, San Francisco, California, August 1975, (HRA)
3. National Conference on Race and Sex Bias in Education, Washington, D. C., November 1974, (ASE)
4. Research Issues in Mental Health Related to Women, Washington, D.C., May 1975(ADAMHA, NIMH)
5. Older Women in Society, September 1975, Region V, (AOA)
6. Conference on Child Care: Implications of Title XX, Washington, D.C., June 1975 (SACRRW)
7. Women in The Community Address Their Concerns in Health Education and Welfare, June 1975, Region IX
8. Minority and Women's Opportunity and Resources Conference, Washington D. C., April 1975, (NIH)
9. Hearings on National Policy Concerns for Older Women, Washington, D. C., September 1975, (FCA)
10. Planned - National Conference on Women and Education, Spring 1976 (Education Division)
11. National Conference on Federal Women's Program, February 1975, Baltimore, (SSA)
12. Women Look at Health and Welfare Programming: What's in it for us? Region V, September 29-30, 1975

RESEARCH PROJECTS AND MISSION ORIENTED (EXTERNAL) PROGRAMS THAT IMPACT UPON WOMEN

I. Aging
   1. Administration of Social Security, Supplemental Security Income, Medicare (SSA)
   2. Administration of Titles III and VII of the Older Americans Act of 1965, as amended to plan and coordinate services for the elderly and to provide a nutrition program for low-income elderly. (AOA)
   3. Research focussed on needs assessment of elderly persons, particularly low-income and minority elderly and the processes that lead to resource expenditure by and for the elderly. (AOA)
   4. Research focussed on the biological processes and health of the aging, including causes, effects, and treatment of the menopause. (NIA)
   5. Demonstrations in housing, continuing education, pre-retirement education and services to the physically and mentally impaired elderly. (AOA)
   6. Project Trip, a demonstration transportation project for the elderly in remote rural areas. (AOA)
   7. Demonstrations in legal services for the elderly. (AOA)
   8. Project Independence, coordination of volunteer efforts and services on behalf of the elderly. (AOA)
   9. Research projects and demonstrations on alternatives to Nursing Home Care and Institutionalization. (AOA, HRA)

10. Provision of Information and Referral Services to all elderly as of June 1975. (AOA)
11. Administration of Medicaid program for medically indigent persons and payments for both skilled and intermediate nursing home facilities. (SRS)
12. Setting and maintaining standards for nursing homes under Medicaid and Medicare programs (ONHA, OLTCSE)
13. Development and implementation of a Nursing Home Obudsman Program, 1975. (AOA)
14. Survey to determine patient characteristics, quality of patient care, and types of nursing home management. (ONHA)
15. Added impetus on home health care for elderly with passage of Title XX of the Social Security Act. (SRS)

II. Child Welfare and Development

A. Research on Maternal and Child Health

1. Collaborative Perinatal Project - to determine possible causes of abnormal development of children. (NIH)
2. Studies on viral causes of infant gastroenteritis. (NIH)
3. Development of vaccines for streptoccal infections, to suppress viral development, for respiratory conditions affecting small infants. (NIH)
4. Studies on the process of labor and delivery, and the genetic, pharmacologic, toxic, and infectious processess which can affect the mother as well as the fetus. (NIH)
5. Studies on the psychodynamics of pregnancy. (NIH)
6. Occupational Health Problems of Pregnant Women (ASPE)

B. Research on Child Development

1. Studies on attachment formation in infants. (NICHD, OCD)
2. Over 45 Studies on child rearing and child development. (OCD)

C. Health Services for Mothers and Children

1. Food supplements to children as well as to pregnant and lactating women. (WIC Program, HSA)
2. 300 projects to provide supplemental foods to children and youth. (HSA)
3. Several hundred health programs focussed on maternity services. (HSA)
4. Each state has at least one maternal care and one intensive care project to decrease infant and maternal mortality. (HSA)

5. Projects on special needs of adolescent parents. (HSA)
6. Over 100 migrant health projects, using nurse midwives and nurse practitioners. (HSA)
7. Early and Periodic Screening Diagnosis and Treatment Program of Medicaid (preventive health for children) (SRS)

D. Aid to Families with Dependent Children (AFDC) and Social Work Services

1. Administration of AFDC. (SRS)
2. Availability of family planning services to AFDC participants. (SRS)
3. Supplementary social and medical services provided by Title XX and Medicaid (SRS)
4. Child care provided under the Work Incentive Program, WIN. (SRS)
5. A series of studies on AFDC, including predictions on the growth of the program. (ASPE)
6. Social work services to pregnant teenagers. (HSA)

E. Child Abuse and Neglect

1. Protective services provided by Title IV of the Social Security Act. (SRS)
2. Over 65 research and demonstration projects on child abuse, including centers to provide comprehensive services. (OCD)
3. Studies to determine healthy and unhealthy factors in child rearing and state-of-the-art report on child abuse. (SRS)
4. Guidelines for state and local welfare departments for systems of protective services for abused children. (SRS)
5. Models to train teachers to identify and work with abused children. (OE)
6. Research into the causes and prevention of child abuse. (NICHD, NIMH)

F. Day Care

1. Report in preparation on implications of Title XX for day care. (SACRRW)
2. Funding of over 30 demonstrations in child day care, including improved licensing of day care facilities. (OCD)

G. Head Start Program

1. Administration of program to provide comprehensive developmental services to pre-school children. (OCD)
2. Intensive efforts to serve handicapped children in the Head Start Program. (OCD)
3. Development of Home Start, in which trained home visitors work with parents to assist them in development of their own children. (OCD)

H. Child Welfare - Institutions, Foster Care, Adoption

1. Developing standards for children in residential care and guidelines for the movement of children in/out of institutions. (OCD)
2. Over 20 studies inclding adoption of handicapped children and increasing effectiveness of foster care. (OCD)

I. International Projects and Programs

1. Projects on child and family welfare in India, Yugoslavia, Egypt and Poland including provision of day care facilities for working mothers. (SRS)
2. Resettlement of Vietnam Refugees under 1975 Vietnam Regugee Act. (SRS)

III. Education

1. Publication of proposed implementing regulations for the 1974 Women's Educational Equity Act. (WPS/OE)
2. Review of sex discrimination in educational institutions, as mandated by the Women's Educational Equity Act of 1974. Three component studies/analyses are being conducted under contract to NCES: Employment Practices; Guidance and Counseling for students; and Women's Access to Education. (ASE/NCES)
3. Publication of regulations implementing Title IX - Prohibition of sex discrimination in educational institutions receiving Federal monies. (OS/OCR)
4. Support of nine projects to improve career and educational opportunities for adult women. (ASE/FIPSE)
5. Development of films and curricular materials designed to show girls and women in non-traditional roles. (OE)
6. Programs to develop training for new careers for adult women. (OE)
7. Studies to raise career aspiration levels of female students. (OE)
8. Training project to assist elementary and secondary school personnel to alter discriminatory guidance practices. (WPS/OE)
9. Develop and publish 3 handbooks on sex equality in educational materials, in the schools, and in educational administration. (WPS/OE)
10. Technical assistance instruments in implementing Title IX. (WPS/OE)
11. Develop programs to expand career options for women. (WPS/OE)
12. Programs to provide information, motivation, and supportive services for mothers and housewives reentering the labor market. (OE)
13. Centers and programs to meet the needs of women returning to work or college. (NIE)
14. Studies on sex discrimination and sex role stereotyping in education. (NIE)
15. Curriculum and guidance materials to reduce sex discrimination/bias in schools. (NIE)
16. Study of the Advantages and Disadvantages of Student Loans to Women. (ASPE)

IV. Health

A. Health Research

1. Extensive research on breast and gynecological cancer; development of improved detection techniques and attempt to develop preventive measures. (NIH)

2. Follow-up of young girls exposed to a chemical in early uterine life that may produce vaginal carcinoma. (NIH)
3. Research on possible carcinogenicity of cosmetics. (NIH)
4. Study on Women's Physiological Adaptation to Heat Stress. (NIH)
5. Extensive studies on diabetic retinopathy, which affects women disproportionately, and particularly minority women. (NIH)
6. Studies on bronchitis, asthma, and thrombosis (more common in women than men) and the effects of oral contraceptives on thrombosis. (NIH)
7. Formation of the National Insitute on Aging to conduct biomedical and social/behavioral research related to the Aging Process. (NIH)
8. Studies to evaluate the efficacy and safety of male contraceptives; to develop estrogen related compounds with lesser side effects; to evaluate a promising long-acting injectable contraceptive; to perform research on enzyme inhibitors which would block fertilization; and testing new types of IUD's. (NICHD)
9. Studies to pursue the relationship between contraceptive methods and birth defects. (NICHD)
10. Research on the metabolism of oral contraceptive steroids. (NIH)
11. Research on the effects of the changing roles of women on their childbearing patterns; factors affecting the choice of methods of fertility control; and the determinants of illegitimacy, particularly among teenagers. (NICHD)
12. Testing and approval of contraceptive drugs, cosmetics, mamography units, and "non-drug" contraceptive devices such as IUD's. (FDA)
13. Updates of report on IUD's and evaluation of the influence of estrogen content on the thromboembolitic action of oral contraceptives. (FDA)

B. Family Planning

1. Responsibility for directing population research and family planning activities of the Department. (ASH)
2. Provision of family planning services to medically indigent women. (HSA,SRS)
3. Establishment of task force to assist HEW in developing family planning medical guidelines. (HSA)
4. Provision of family planning services to teenagers. (HSA)
5. Evaluation of family planning services to teenagers. (ASPE)
6. Development of a reporting system on the utilization of Family Planning Services including non-federally supported services. (HRA)
7. Annual inventory of Family Planning Facilities. (HRA)
8. Bi-annual national survey of family growth, to include marital history, pregnancy history, and current and past employment status. (HRA)

C. Alcoholism and Drug Abuse

1. Research program on cigarette smoking and lung cancer, as this relates to women. (NIH)
2. Various studies pertaining to women and alcohol, focusing on the "hidden" female problem drinker. (NIMH)
3. Recruiting of chairpersonsfor various alcoholism activities at the community and state levels. (ADAMHA, NIAAA)
4. Development of a curriculum package "Reflections in a Glass," for women's groups and others not directly associated with the alcoholism field. (ADAMHA, NIAAA)
5. Current funding of 15 women's alcoholism treatment programs. (ADAMHA, NIAAA)
6. Four major demonstration grants on treatment/rehabilitation programs for female heroin addicts. (ADAMHA, NIDA)
7. Additional demonstration treatment programs for female addicts and research on the effects of methodone on pregnancy; and the relationship between female heroin addiction, prostitution, and crime. (ADAMHA, NIDA)
8. Intensive research and demonstration effort on the extent of drug abuse among women, the treatment needs of these women; and specific attitudes and factors that produce drug abuse in women. (ADAMHA, NIDA)

D. Mental Health

1. Over 200 studies related to women in their role as mother, in conjunction with early childhood development and the etiology of mental illness. (NIMH)
2. Studies on the reproductive endoctrinology of depression; women's role in society; attitudes of married women toward work and families; class related aspects of women's liberation; volunteerism among women; the social effects of divorce and divorce law, reform; the impact of different parental expectations and behavior on achievement of girls from working and middle class backgrounds; and the psychological impact of rape on the victim. (NIMH)
3. Development of a program for the "Prevention and Control of Rape and the Proper Treatment of Victims of Rape", pursuant to provisions of the new Community Mental Health Centers Legislation, P. L. 94-63, 201,D, IV. This Act also authorized the establishment of a National Center for the Prevention and Control of Rape. Plans are underway regarding the establishment of such a center, NIMH.

E. Women in the Health Professions and Women in Nursing

1. Study on Women in the Health Profession Schools. (ASPE/WAP)
2. Distribution of film to encourage women to enter the dental profession (HRA)
3. Studies of factors that impringe on the participation of women in the health care labor force. (HRA)
4. Formulation of all policies and programs of U.S. Health

agencies on all matters pertaining to nursing, both nationally and internationally. (OCN/PHS)

5. Participation of the Assistant Chief Nurse Officer (HEW) as a consultant to World Health Organization in India, to assist in developing a cross-national nurse training program. (OCN/PHS)
6. Coordination of the Nurse Career Development Committee. (OCN/PHS)
7. Efforts to improve and extend nurse training including university programs to train nurse midwives; and perinatal nursing with concentration on high risk mothers and infants. (HSA)
8. Nurse training and utilization programs to train nurses to provide primary health care in rural areas, to the elderly and chronically ill, and to low income patients. (HRA)

V. Rehabilitation

1. Annual rehabilitation of 140,000 women, 1/3 of whom are severly disabled. Of these, 67% find jobs in the competitive labor market, with the remainder being homemakers. (OHD/RSA)
2. Awarding of 40% of traineeships to women who wish to enter rehabilitation work. (RSA)
3. Research projects on rehabilitation of women with mental illness and orthopedic handicaps, and those needing rehabilitation in rural settings. (RSA)
4. Special projects for the vocational rehabilitation of handicapped migratory workers and their families, including courses in child care and priority emphasis on minority women. (RSA)

VI. Women and Social Security

1. Study on Patterns of Employment Among Women, including a model to forecast the number of women who will have earned their own benefits 10, 20, or 30 years from now. (SSA)
2. Study on Married Women Under OASDHI. (SSA)
3. Study on Dependent Women in An Atypical Living Situation (not protected by Social Security). (SSA)
4. Survey of Young Survivor Beneficiaries. (SSA)
5. Economic Status of Older Women and studies on economic status of the elderly. (SSA)
6. 1975 report and recommendations of the subcommittee (of the Advisory Counsil on Social Security) considering questions involving different treatment of men and women under Social Security. (SSA)

VII. Legislative Advances

1. Publication of final regulations for implementation of Title IX of the Education Amendments of 1972.
2. Implementation of Title XX of the Social Security Act.
3. Publication of proposed regulations on the Women's Educational Equity Act.

VIII. Departmental (HEW) Programs for Women

1. The Secretary's Advisory Committee on the Rights and Responsibilities of Women
2. The Women's Action Program
3. The Federal Women's Program

PROJECTS RELATING TO THE IWY CONFERENCE AND ADOPTION OF THE WORLD PLAN OF ACTION

1. HEW accepted the lead role in preparation of the U.S. position paper on a major Conference agenda item reporting on national progress regarding the status and role of women in a wide range of fields. The HEW paper provided the US Delegation with an honest account of recent changes in the situation of women in the U.S., including the respects in which substantial further changes must occur. The HEW Director, FWP, was liason during IWY to the Department of State and the U.S./IWY Center.
2. Assessment/evaluation of all HEW mission-oriented programs in terms of their impact on women. (ASPE/WAP)

AUDIOVISUAL AND OTHER MEDIA PROJECTS PRODUCED BY THE DEPARTMENT

1. Videotape on the results and follow-up on the World Conference for IWY, (HEW/FWP).
2. Completion of eight videotapes on topics that impact on women, and women's concerns, (FDA,FWP).
3. Development of multi-media consumer education programs relating to the safe handling of food; nutrition labeling; the proper use of cosmetics; and the safe use of prescription and over-the-counter drugs and devices, (FDA/Region II).
4. Videotape on problems of women and smoking, (CDC).
5. Development of films that deal with sexism, (NIE).

6. Radio program concerning women's issues - Mental Health Matters series, (NIMH).
7. Development of a film on women's rights and benefits under Social Security "You've Got A Number," (SSA).
8. Multi-media campaign "Family Planning Means More Than You May Have Thought," (HSA).

FILM/MEDIA PROGRAMS

1. Showing of film dealing with sexual assault/rape, Region VII).
2. Showing of film on breast cancer self-examination, (Region II).
3. Distribution of film "Where I Want To Be, " to encourage women to enter the dental profession, (HRA).
4. National Public Service spot TV announcements relating to women, such as child abuse, family planning, etc., (SRS).
5. Showing of films on women and their concerns, (SSA).
6. Showing of film "The Emerging Woman," (Region IV, Region VI)

WORKSHOPS AND SEMINARS

1. Public meetings on Social Security, (SSA).
2. Seminars for women's groups on getting jobs in the Federal. Government, (A joint program with HUD/FWPC, (Region I),
3. Seminars on Title IX, (Region V).
4. Women in Transition, (Needs of urban minority women and women recently from rural areas and DHEW programs), (Region IX).
5. Seminars on consumer problems, health and nutrition, (Region VI)
6. Sex discrimination programs, (Region V, VII, X).
7. Theme seminars (different theme each month), (Region X).
8. Workshops, seminars, and conferences by State Departments of Education on Title IX of the Education Amendments, (Region II, Region IV).
9. Workshops on "Therapies and Alternative Help Systems for Women," (NIMH).
10. Four day training course for senior Federal agency staff on sex bias in classrooms and school materials, (NIE),
11. "Feminist Lecture Series," (NIE).
12. In conjunction with the SRS Women's Council, a series of seminars is planned relating to the current status of women in society and trends for the future, (SRS).
13. Addresses and study seminars on Medicare, (SSA).
14. Seminar on changes in Social Security Laws, (Region VI).
15. All-Federal seminar on IWY, (Region VIII).
16. Seminar for women in the community on Social Security, SSA (planned 1976).
17. Creative Career Development Seminar for Women, SSA.
18. Seminars on "Women and Money (Credit)"--joint project of HRA, HSA, ADAMHA, FDA, ASH

SPECIAL PROJECTS

1. Development of a Socio-economic Demographic (age, race, sex) Data System to provide decision makers information on needs assessment and Program Evaluation, Region VII.
2. Bicentennial calendar of major events in the fields of health, education, and welfare, HEW/FWP.
3. Develop a career guidance handbook, NIE.
4. Train occupational health nurses to provide gynecological treatment for women, HSA.
5. Development of a brochure of guidelines for taking the Professional and Administrative Career Examination, HEW/FWP.
6. Role Model Project - About 70-80 women volunteers from Region II visited NYC high schools to encourage students not to leave high school and to consider non-traditional careers.
7. Update the 1972 Report of the Women's Action Program, ASPE.
8. Stamp Exhibition of outstanding women, Region III.
9. IWY banner and flag, Region X.
10. IWY proclamation, Region V.
11. Honor outstanding women in Region IV, VII.
12. Preliminary discussions with the North American Indian Women's Association on a program to improve job opportunities for Indian women, ONAP.
13. Double unit display at NIE on IWY and activities on "Equity in Employment in HEW."
14. Identification of program areas which have an impact on the status of women, Region VIII.
15. Presentation on "Feminism in the US.",Region IV.
16. Sensitivity training in women's awareness with top managers in Region VIII.
17. Exhibit on Women in Nontraditional Occupations, CDC.
18. "A Salute to Women in Government", co-sponsored by the Atlanta Federal Executive Board's Women's Activities Subcommittee, Region IV.
19. Career Development Handbooks for each HEW agency, HEW/FWP.
20. HSA is examining its internal, administrative, as well as external programmatic functions to determine how they can more effectively acknowledge women as both beneficiaries of and participants in the delivery of health services.

SPECIAL INTERNAL ACTIVITIES FOR HEW WOMEN EMPLOYEES

1. Women Help Women - SSA higher grade women will provide guidance and information to women in lower grades, using small group discussions.
2. Intensification of the Modern Women's Health Screening Project, HSA.
3. Policy changes in the distribution of employee health maintenance examination, HSA.
4. Plans for establishment of a flexible work-hours experiment, Regions I and IX and OHI and SSA.
5. Provision of day care facilities for women, Region IX, SSA.
6. Use of women's consultants committee to recommend funding of Women's Alcohol Treatment Programs, ADAMHA.
7. Encouragement of women to compete as principal investigators of research projects, NIH.
8. Ongoing efforts to improve status, grades, and training opportunities for PHS nurses, PHS.
9. Sponsorship of one of the two women repreenting the U.S. on the Organization for Economic Cooperation and Development,OCD.
10. Information and pamphlets on changing careers and career strategies for Federally Employed Women, NIE.
11. Upward Mobility programs for women, All HEW Agencies.
12. Development of a skills bank of available talent (both minorities and women) for referral against posted and anticipated vacancies, SRS.
13. Increased availability of part-time employment opportunities for women, SSA.
14. Assisting employees with career planning and to improve effectiveness (creative career development for women), SSA.
15. Plans to honor outstanding women at NIH in health research.
16. Promotions, special recognition and appointments of women as consultants, ADAMHA.
17. Help HEW women develop confident oral presentation skills, Region I.
18. Career development opportunities (school, seminars) for women, Region II.
19. Sessions for women employees on women and the law, Region II.
20. Sexism and education seminars for DHEW employees, Region V.
21. Monthly calendar of events concerning women, Region VI.
22. Development of a non-traditional college credit program for employees, Region VII (with the Federal Executive Board Education Committee).

PUBLICATIONS

1. Women and Mental Health (annotated bibliography), NIMH.
2. Sex Roles: A Research Bibliography (annotated), NIMH.
3. The Contemporary Woman and Crime, NIMH.
4. Long-term Care Facilities Improvement Study; Introductory Report, ONHA.
5. Brochure on all educational research and programs focussed on women, Ed. Div.
6. Programs for Educational Equity, Ed. Div.
7. Menopause: The Experts Speak, NIA.
8. Publication of conference results on new directions for psychological research on women, NIMH.
9. Publication of five NIMH papers on Psychotherapy for women in Psychotherapy: Theory, Research, and Practice
10. Publication of results of conference on Women in the Health Professions, HRA.
11. Publication of five papers on priority areas related to women and women's concerns, SACRRW.
12. A Woman's Guide to Social Security, SSA.
13. "Drinking Patterns, Drinking Problems: A Guide for Women", NIAAA.
14. A Directory of licensed day-care facilities in the Metropolitan Atlanta area, CDC.
15. Publication of Conference report: Women in the Community Address their Concerns in Health, Education, and Welfare, Region, IX.
16. Publication on the Hearing on National Policy Concerns for Older Women, FCA.

SPECIAL PROJECTS RELATED TO OR OF CONCERN TO MINORITY WOMEN

1. Asian American Field Study--containing demographic and service utilization data on Asian American women and other Asian American groups. (ASPE)
2. National Conference on the Educational Needs of Puerto Ricans, held April 4-6, 1975, under contract from HEW. One resolution passed called for focussing in on the special needs of Puerto Rican women. This is currently being addressed by ASPE.
3. Female Labor Supply--to determine the factors affecting the labor supply of married women. Study will attempt to explain the differences in labor force participation between black and white married women as a function of male-female wage differentials, child spacing, and marital instability. (ASPE)
4. Poverty Dependency and Family Structure--The Urban Institute, under grant to HEW, is doing research on changing family structure, particularly the dramatic increases in recent years in the number of female-headed families. The causes of this phenomenon and its economic consequences for black and white women and children are the focus of analysis. Strategies are being designed to reduce the poverty and welfare dependency of female-headed families. (ASPE)